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Original Department.

[Written for the Therapeutic Gazette.]

Vegetable Cathartics.*

Reported by Charles H. Miller, M. D., Peabody, Kansas. Class of '75.

TAMARINDUS.—The tree, of moderate size, is a native of the West Indies. Leaves of a pinnated form, a number of them on a common stalk; flowers yellowish purple; blossoms of a yellowish-white color. Has the appearance of the honey locust; aromatic odor, acrid taste. Fruit in pods; the pulp, separated by warm water, is composed of saccharine matter, tannic acid, citric acid, bitartrate of potassa and tartaric acid. Has to be cooked before being used in medicine. Enters into the confection of senna and cassia. It is diuretic also. Tamarind water makes a useful drink in fevers.

Cassia.—Obtained from a tree of considerable size found in Arabia, Egypt, along the coast of the West Indies, and Brazil. Leaves large and lance-shaped; flowers like those of the senna; vinous odor and sweetish taste. Comes in peculiar pods, large and of a dark color externally. The medicinal matter is contained in these pods. Sugar, gum and extractive matter constitute the pulp of the pod. Is laxative in small doses. Pain, colic, and nausea may be brought about by its use in large doses. Must be combined with other medicines for cathartic effects. As a laxative, dose about a scruple. May produce flatulence. Cassia, manna, tamarind and the syrup of roses form a good combination. Enters into the confection of senna, etc.

Manna.—Obtained from the trunk of the Manna ash, a very handsome tree of moderate size, upright, with a smooth bark, a native of the south of Europe, Spain, and the Mediterranean coast. Obtained by exudation from incision. The article divided into varieties, the finest of which is the flake manna. A cluster of white flowers at the extremities of branches. The incisions made in the

*Notes of a lecture delivered in the Medical Department of the University of Pennsylvania, by the late Joseph Carson, M. D., Professor of Materia Medica and Pharmacy.

month of August. Later in the season when the rain comes on, the fatty manna is obtained. It is almost entirely insoluble in water. Has a peculiar principle called mannite. May be either laxative or purgative, according to the way it is administered or combined. May induce flatulence. This tendency is moderated by combination, as with senna: Senna ʒ jv to ℥ viij of ordinary infusion of manna; a wineglassful as a dose for adults. A syrup may be made of it. Very useful for children. In the constipation of this class of patients, give manna ℥ ss, fennel seed ʒ ss to a teacupful of boiling water; strain and add sugar. The dose is one teaspoonful as required. This is the manner of making the extemporaneous syrup. The black draught consists of manna, senna and salts.

Castor Oil.—This is an annual herbaceous plant. No difficulty in raising it in our gardens. Grows to the height of six to ten feet. Palmated leaf; flowers divided into the male and female, the female above. The plant bears capsules, of which the oily matter is the only part utilized. Grows abundantly in the Mediterranean countries, and indeed all over the world. The seeds contain the oil; they are heated, pressed, boiled in water; the oil comes to the surface. Made extensively in our southwestern States. The ordinary oil is of a yellow color, transparent. Peculiar principle is a resin. The oil saponifies very readily, and may be made into soap. Is nutrient; a mild purge, especially in certain classes of affections. Acts on the whole tract of the alimentary canal; stools always fluid. A part of the oil may be digested. One of the most useful of the cathartics. Employed in affections of the bowels, as dysentery, diarrhœa; in peritonitis, enteritis, obstruction of the bowels, strangulated hernia, constipation of pregnancy; in affections of the rectum, as piles; for children in the treatment of colic. In the colds of children a dose of the oil is very beneficial; operates by its revulsive effects. Combined with soda it is more active, a ℥ ss of the oil to a ʒ ss of the carbonate of soda; the combination makes it more efficient, making a smaller dose necessary. The seeds are exceedingly energetic. May be given in the form of an emulsion; two or three of the seeds answering all the ordinary purposes. Dose of the oil, a ℥ ss to an ℥ j,—the weighed ounce, not the fluid ounce. Best given in doses of a half ounce at a time, and repeated if necessary; a teaspoonful for children. May be given in some aromatic water, as spearmint, compound spirits of lavender, compound tincture of cardamom, and a little sugar, in cinnamon water with citric acid; the acid increases the effect. May also be administered in hot coffee, in porter, ale or lemon juice. For pregnant women, in the form of a mixture, ℥ j of the oil, ʒ ij of spirits lavand. com., and cinnamon water in quantities to suit. The oleaginous mixture:

℞ Ol. ricini, ℥ j.
Spr. lavand. comp., ʒ iij.
Acaciæ, ʒ ij.
Sacchar. alb., ℥ ss.
Aquæ q. s., ℥ jv.

Sig.—Tablespoonful every two hours. Employed in dysentery.

Rhubarb.—The plant has a brown color externally; is about eight feet in height; root large and coarse. Leaves large, palm-like; blossoms in clusters, of a yellow color. Introduced into Russia about 100 years ago. Origin of the name: The rheum of the ancients, from the river Rheu, now the Volga. Several kinds of rhubarb in the market. The finest is the Russian; aromatic odor, taste astringent. It comes in masses, more or less angular in shape, of a brownish color externally, of a mottled color internally; powder of a light yellow; is apt to become worm-eaten when kept too long in the shops.

The Chinese rhubarb comes in irregular masses, pieces round, a hole right through the middle of each piece. Has a large amount of reddish matter; the powder of a darker color. The indigenous variety comes in sticks. Six years is required to bring a rhubarb plant to full perfection.

Ingredients: Odorous principle, perhaps an oil, a yellow crystalline matter frequently called rheic acid. The important principles are the resins, three in number, extractive matters, tannic acid and oxalate of lime. The resin matters are the purgatives. Iron produces a deep black color with rhubarb. Effects vary according to the dose. Given in full doses, it operates in a peculiar way upon the muscular coat of the alimentary canal, affecting the color principally. In small doses, astringent, tonic; in full doses, purgative. By combination produces full effects, valuable in constipation. As a cathartic it is mild.

The coloring matter of rhubarb can be absorbed, and may show itself in the urine; it there has the appearance of blood, and may be mistaken for it. Rhubarb is not depletory. Employed in inertia of the alimentary canal, the dejections being of a solid consistence. In some cases produces heat, griping. The coloring matter also occasionally eliminated by the skin.

Rhubarb is beneficial in cases of convalescence. Not well adapted to inflammatory or febrile affections; generally given, in these cases, in combination; in inflammatory fever combine it with magnesia. May produce restlessness. Not adapted to the treatment of pneumonia and affections of the lungs, nor to affections of the liver. Of great benefit in the treatment of diarrhœa and dysentery, either by itself or in combination; results in constipation. In the dysentery of children of especial benefit, given only in small doses, however. Employed also in the early stages of the bowel affections of children. Combined with aloes and jalap, it is a very valuable remedy for worms. In bowel affections it may be combined with lime water: Six ounces of the liquor calcis to a fluid drachm of the rhei (tincture); dose, a teaspoonful as required. Trs. rhei and gentian make a good combination for debility. Tincture rhei et sennæ, Warner's gout cordial, is a powerful purgative. Dose of the powder, a scruple. After effects are astringent, but may be obviated by combining with alkaline medicines. Soap is occasionally used for the latter purpose. Frequently combined with aloes; sometimes with jalap; more particularly, however, with calomel. The calomel combination is of great value in the treatment of constipation in children. A combination of rhubarb with magnesia is of especial benefit. After confinement:

℞ Magnesiæ sulph., ʒj.
Pulv. rhei, ʒi.
Aquæ cinnamomi, ʒjv.

Sig.—A tablespoonful as needed. In small doses of benefit in dyspepsia; in atony of the stomach, as a tonic, from three to five grains per day.

The simple syrup rhei is laxative. The aromatic syrup is an elegant preparation, very much employed in the bowel affections of children, more particularly in summer complaints. For this purpose may also employ the infusion. The fluid extract with the bicarbonate of potassa:

℞ Ext. rhei. fluidi, ʒij.
Potassæ bicarbonat., ʒss.
Syr. rhei aromat., ʒj.

Sig.—Teaspoonful as a dose: given in the green stools of children. The solid extract is useless.

Senna.—Grows to the height of a few feet. Fruit in capsules. Obtained from several species of cassia. Found high up the Nile. Leaves introduced in five ports. The blossoms have a butterfly arrangement; elongated leaf; ovate pods. Several varieties of senna, as the Alexandria, India, Tripoli, and Mecca. The Alexandria is the best; known at an early period by the Greeks, also by the Arabians. Fully developed by Bonifice in 1798; previously to his time it was not known from what plant the leaves were derived. Has a peculiar nauseating odor. Leaves are of a deep green color; may be extracted by water or alcohol. Senna is one of the most energetic of the cathartics, operating on the whole tract of the alimentary canal, producing watery discharges; a hydragogue cathartic. If pushed too far, produces griping, and frequently results in mucous discharges. Dose in powder, from half a drachm to a drachm; this, however, is not a good way of administering it. The infusion is the best, although the confection may be employed. The infusion is prepared in the proportion of an ounce of the leaves to eight ounces of boiling water. To make it more cathartic, add tamarinds, manna and magnesia sulph. The confection is valuable as a laxative in constipation. The fluid extract laxative in doses of a teaspoonful in water. Formula: Half an ounce of senna leaves to half an ounce of fennel seed, steeped in eight ounces of boiling water, to which manna and salts may be added, if desired; a wineglassful every two hours, watching the effects. The tincture of senna and jalap exceedingly active.

The American senna is a tree 40 feet high, the leaves of which are employed in the same way and for the same purposes as the other varieties; not so energetic, however.

Juglans.—Obtained from the white walnut or butternut, the bark being the part used. Bark of a beautiful white appearance, aromatic odor, and warm, bitter taste. Taken in the early spring, the extracted juice is used domestically. Very common in the Northern States. Produces a mild effect upon alimentary canal; also produces a certain amount of stimulation. As laxative, a very good preparation for constipation. May combine it with extract of hyoscyamus, blue mass and calomel. By itself, the extract is an excellent preparation in doses of from five to ten grains, in pill form.

Aloes.—From the "Aloway" plant. Belongs to the lily tribe; flowers lily-shaped. Several species of the aloes that afford the drug; the Socotrine, the West India, the Barbadoe, the Cape. The fruit is in capsules. The Socotrine aloes frequently attains a height of two to three feet. Leaves uniform, soft and succulent. The leaf of the India is somewhat thorny. The aloe tree that affords the Cape aloes, attains the height of about ten feet. West Indian aloes analogous to the other varieties; sometimes called the Barbadoe aloes. All the aloes grow in the driest, sandiest soil, as in Africa, Arabia, India. The Socotrine plant affords the best of the aloes; cultivated in the Island of Socotrine. The most of our importation, however, is from the West Indies. The drug is obtained from the leaf by expression, the leaf being cut off is placed in a tub to exude its juice, and for the purpose of being pressed. It is then evaporated and dried; of a yellow color, darker color than later; of a warm, aromatic odor, and taste as bitter as gall. The Socotrine aloes is exceedingly bitter; soluble in alcohol. The Cape aloes is of a deeper color in powder.

Aloes consists of an extractive or bitter principle, aloesin, which is soluble in water. A warm, stimulating cathartic. In full doses has a tendency of a marked character to operate the colon and rectum; also upon the sigmoid flexure. Is a tardy purge, slow to operate, taking from ten to twleve hours. May purge by blistering with aloes. In small doses acts as a tonic; promotes the digestion and appetite; acts upon the liver to a certain extent; especially of benefit in torpidity of that organ. The continued use of the drug is injurious; may produce piles, irritation of the bladder, strangury and erections. It has emmenagogue properties, impressing the uterus. Brings on the menstrual discharge, menorrhagia. The chief objection to its use is the irritation which it causes; to avoid this, combine it with the alkalies. It may be employed in habitual constipation; for worms; in indigestion; for the purpose of producing revulsion from the brain, as in apoplexy. It is not to be used where there is any irritation, nor in pregnancy. Combine with soap, the alkalies, rhubarb, blue mass, colocynth, gamboge, jalap, calomel, the aromatics and the various preparations of iron. Aloes and myrrh in combination make a good emmenagogue, to be employed in pill form. The tincture of aloes is a harsh preparation; may be neutralized by senna. A good formula for nervous derangements associated with constipation: Ten grains each of aloes and rhubarb, twenty grains of assafœtida, five grains of castile soap, and three drops of the oil of carroway. Make into ten pills, two of which are to be taken at a dose as often as required.

Jalap.—Root tuberous; deep brown color externally; sometimes attains an immense size. The flower is tubular. A vine-like plant grows from the roots. The flower resembles the morning-glory; blossoms of a deep pink color; lance-shaped leaves. The plant grows in Mexico; introduced into Europe in the latter part of the year 1820 or 1830, by Dr. Burroughs, of the University of Pennsylvania The root is very hard and resisting. When small it dries readily, but when very large has to be sliced before this can be accomplished. Contains a great deal of starchy matter; does not de-

teriorate; liable to a great deal of adulteration. The term jalap is derived from a town in Mexico by that name, where it grows. It contains a resin matter, jalapin. This produces the purgative action; is soluble in alcohol, but insoluble in ether. Has a peculiar, disagreeable odor; powder of a brownish yellow color. More used in years gone by than now. It acts upon the whole tract of the alimentary canal, producing watery discharges (a hydragogue). Seems to act kindly in fevers; operates on the portal circulation indirectly, by impressing the duodenum, or revulsively. Full dose from 10 to 20 grains. For dropsy, two grains of cream of tartar and ten grains of jalap. Similar dose for coxalgia. The tincture is a harsh preparation, producing griping. Employed at one time in cathartic draughts.

Podophyllum. — Roots made up of joints at different intervals; dark color externally; flowers white. When the fruit is developed it is green; when perfectly developed is of a brownish yellow color. The root is the article introduced into the market; disagreeable taste and odor. Contains a peculiar principle, a resinoid, podophyllin. It may be administered in the form of pills. Combine with cream of tartar; in this form it is of great benefit in bilious complaints, as also in combination with calomel. It may be used for the same purpose as jalap.

Scammony.—Root fusiform, goes down into the earth some feet; grows in a sandy soil; of a brownish color. On the top of the plant are a number of vines. Blossoms of a deep yellow color. The fruit is a capsule. The plant is a native of Turkey in Asia and Assyria.

The root has a peculiar milky juice; sometimes collected by incisions and then evaporated. Most of the scammonies in the market are adulterated with starch and carbonate of lime. The best, the Alleppo scammony, comes in masses; the Smyrna coming in cakes. Sometimes the article is more cheesy than it should be, from the fact that cheese has been put into it to simulate the scammony odor. Is a very decided purgative, and has been used from the earliest times. Employed by the Arabians. A drastic purgative if given in large doses. Generally given in combination. Combine with bicarbonate of potassa. Employed in dropsies, and for the purpose of discharging worms.

Colocynth.—The fruit is officinal. A water-melon-like plant which runs along the ground. The whole plant hairy; yellow blossoms. Is a native of Syria and Arabia. Grown on Mount Sinai and in Nubia. Has a disagreeable odor; bitter taste; sometimes called "gall of the earth." The seeds destitute of bitterness and of purgative properties, and are used in Africa as an article of diet. Colocynth acts throughout the entire alimentary canal; is hydragogue; very seldom employed alone; may produce artificial cholera. In large doses it is poisonous. Five grains will purge. It may be combined with blue mass where there is want of liver action. For this purpose the following: Twelve grains of co. ext. colocynth and six grains of blue mass; make into four pills; dose according to circumstanes. In pregnancy, to quiet nervous irritation, combine with hyoscyamus.

Gamboge.—From a species of Garcenia. Grows in Siam, but is also found in Ceylon. Is a tree of considerable size, having a brownish color. It exudes a juice; the leaves also exude this juice. The concrete form of the juice is the medicinal article. It is evaporated and dried in saucers or shallow vessels; of a reddish yellow color; scarcely any odor, but disagreeable taste. Fruit harsh; a little purgative. The powder is used in painting. It is a resin; dark brown color externally; soluble in alcohol. Employed in alcoholic solution. Obtained by incisions, and its purity depends upon the method in which this is accomplished. Alkalies combined with it increase its solubility. It is a powerful hydragogue cathartic. Acts also on the kidneys. In large doses it may produce hypercatharasis, producing artificial cholera, nausea and vomiting. Begins to operate on the upper part of the alimentary canal, and gradually extends downwards, operating throughout the entire tract. Seldom employed alone, but is combined with rhubarb, aloes and calomel. Employed in the treatment of dropsy; advantages very decided and direct. May be combined with cream of tartar or squills for this purpose. Enters into the compound cathartic pill. The compound cathartic pill is of great benefit in derangements of the liver, in the early stages of the fevers, and in bowel complaints. The soap converts the calomel into the oxide of mercury.

Elaterium.—Belongs to the cucumber species. Throws out its juice, and for this reason has been called the "squirting cucumber." Leaf supported by a long foot stalk. Called Elaterium from the Greek word ελατηρ, "to throw out." Cultivated in England. Fruit to be taken before ripe. The juice is mucilaginous in character. The sack is filled with water by osmosis. The fruit is cut into slices before being ripe, macerated in water and then evaporated; the peculiar active principle depositing itself at the bottom. Comes in fragmentary, tape-like masses; of a brownish green color; no odor; sharp, bitter taste. Employed by the Greeks and Romans. Irritating to the mucous membranes and fauces. The Clutterbuck Elaterium is the best and strongest. As a purgative it is of great energy; a hydragogue cathartic. Was known to the Arabians. The application of it to the skin produces inflammation. Principally employed in dropsy, to carry off the serous fluid. The relief is only temporary; subsequent accumulations take place. In too great quantities it exhausts the vital forces. Employed also for the effusion of heart disease. Given in pill form, in doses of 1-6 to ½ grain every four hours. Operates on the kidneys, for which effect, in the treatment of dropsies, combine it with squills, spr. ether. nit., spr. lavand. comp.

Oleum Tiglii.—From a bush-like tree, an under shrub, which grows in the East Indies and the Malacca Islands. Leaves handsome, streaked with a reddish matter. Blossoms of a reddish color, resembling the male castor oil. Contains a capsule. The seeds have a strong resemblance to the castor oil seeds, of a deep brown color, containing the oil. The oil is obtained by pressure and heating. Taste pungent; odor rank. Sometimes adulterated with castor oil. Is an exceedingly energetic medicine. A single drop is an energetic dose, acting on the whole part of the alimentary canal. Most frequently administered in pill form. In too large

doses produces nausea, vomiting and excessive prostration. May be employed in cases of constipation, given in emulsion or a crumb of bread. In apoplexy, where the patient cannot swallow, place a drop, in combination with sweet oil, on the back of the tongue. May employ it as a liniment for revulsion, in diseases of the chest; for this purpose combine with sweet oil. Friction will increase the eruption. Also used in this way in affections of the abdomen and back, as lumbago. Produces very small vesicles of a yellowish, reddish or yellow color. For rheumatic affections may combine it with the soap liniment; also for spinal irritation.

Hellebore Niger.—Has a black root about two fingers thick, somewhat heady. Flowers of a purplish or pinkish or flesh color. Palmated form of leaf. A native of the mountains of Germany; found in Greece and the Alpine districts. Flowers about Christmas time; called the "Christmas rose." Belongs to the Ranunculus (Crowfoot) tribe. Odor rank; taste warm, somewhat pungent and bitter. Is classic; used by the Greeks. Powder of an iron gray color. Is one of the most decided emmenagogues we possess. A very active cathartic; hardly ever employed as a cathartic. Employed to produce revulsion in diseases of the brain and in the treatment of mania, insanity. Has become renowned in this connection. When given in small doses it acts on the kidneys; on the lower pelvic viscera; in uterine affections. Is a powerful nervous stimulant in dose of two or three grains; a cathartic in doses of five grains.

[Written for the Therapeutic Gazette.]

Manaca and other Brazilian Drugs.

By C. Hansen Erch, M. D., Santarem, Brazil.

I HAVE followed with much interest your efforts in bringing, through the columns of your excellent journal, to the notice of the profession a number of new therapeutic agents, culled from the flora of the different countries of the world. Undoubtedly some of the remedies thus put forward, will, on trial, be found similar or inferior to some older, well-known agent, and will gradually sink back into their former obscurity, still their introduction will indirectly have been productive of much good. The physician who undertakes the testing of a new remedy, is compelled to pay the minutest attention to the case in hand, to carefully note all the symptoms as they present themselves, and to rely solely on himself, instead of on authorities, thereby unconsciously increasing his stock of knowledge and powers of observation. We are all prone to drop into what is appropriately called routine practice; it is such an easy way of getting along, and one can hardly wonder practitioners, oftentimes overworked falling into the habit. Still all will admit that routine practice would never advance medical science by increasing our knowledge of therapeutics.

I see it urged by many against new remedies, that we ought to study our old materia medica more thoroughly before we attempt making additions. Granting this to be in a measure true, are there not serious obstacles in the way to prevent it being done by the busy practitioner? To follow up the often elaborate investigations of others is a hard task, as so few new points present themselves, while to conduct an original investigation, with scarcely any facts to guide, soon becomes a positive pleasure. The many cures of chronic cases effected through the agency of some new remedy, are a strong plea in favor of more extended investigations in this direction, even though the old remedies be not as thoroughly understood as they ought to be.

I have spent considerable time traveling in the three northern provinces of Brazil, Maranhão, Pará and Amazonas, the two latter covering the Brazilian portion of the immense valley of the Amazon, so noted for its many and varied vegetable productions. The province of Maranhão is called by Brazilians the drug store of Brazil, and the three together might appropriately be called the drug-store of the world, and yet, how few of the medicinal plants in which this region abounds are known outside of the provinces mentioned. Balsam copaiva, guarana, sarsaparilla (from smilax syphilitica) tonka beans, pareira brava, and lately jaborandi and manacá about complete the list. In the Brazilian dispensatories (Formulario Chernoviz and Formulario Langgard) a large number of other medicinal plants indigenous to this region are mentioned, but their action is little understood. In my intercourse with the Indian tribes principally on the middle Amazon and its tributaries, I have taken pains to study the various remedies used by them, their mode of administration, etc. Some of these remedies I have been able to classify botanically by aid of "Grisebach's Flora," but in the majority of cases I have failed to do so, there being no botany of the country, except the old one of von Martius, to which I have not been able to get access. The local appellations are very unsatisfactory, the same plant often having five or six different names in the course of five hundred miles travel. The mode of administration is more uniform. The Brazilian Indian has a great horror of everything bitter and disagreeable, and consequently nearly all their remedies are applied externally as fomentations (banhos). When they use a remedy internally, they generally take a maximum dose, repeated at intervals of one or more days. They believe in heroic medication with a vengeance, generally going to the end of the tether. Such is the case in their use of one of the remedies mentioned above, manacá, which is used under different names by all of the Indian tribes, in the diseases most frequent among them, which are rheumatism and syphilis. When our Indian is suffering from either cause he carefully scrapes from ʒj to ʒjss of the root bark of manacá into half a tumbler of "cachass," the rum of the country, swallows the dose like a hero, and then returns to his hammock, to wrestle for several hours with what he describes as most acute pains in all the muscles, ending finally in profuse perspiration, and if the attack were chronic rheumatism, complete recovery for a time, at least. Some might think that the rum played an important role, but I have seen these sons of the forest drink a pint of new rum containing seventy-five per cent. alcohol without winking, the only effect being an uproarious drunk.

It has not been my fortune to see the manacà

in flower, but von Martius has classified it as franciscea uniflora, natural order solaneæ, and the leaves and general appearance correspond exactly with the description given of this shrub in my "Griesbach." It is found principally on the so-called "terra firma" of the valley, though I have seen it on the "vasantes" or the overflowed lands as well. I think the dose in which manacá is recommended to be given (15 to 20 drops) too small. Half a drachm to a drachm of the fluid extract ought not to be too much, taking into consideration that the woody part of the root contains much less of the active principle than the root-bark, which is the only part used by the Indians. I attribute, in a great measure, some of the unsatisfastory reports I have noticed in this journal to this fact; try larger doses next time, and if my observations on the remedy are worth anything, the result will be satisfactory, particularly in cases of chronic rheumatism. The violent purgative action attributed to the manacá I have failed to notice; it seems to me to act principally on the skin, kidneys and muscular nerve-fibres. At my first opportunity I shall endeavor to make a close study of the remedy.

Before closing, allow me to give your readers some observations on the different modes of administering medicines in some of the countries it has been my pleasure to visit. While you, in the United States, are trying to reduce the bulk to a minimum by elegant granules, pilules, pills and extracts, the people of Northern Europe are luxuriating in large draughts of nauseating infusions and decoctions, the Brazilian uses his "banhos," and the ex-cannibal in the Feejee Islands, takes his little dose with apparent gusto out of a cocoanut-shell, said dose being prepared for him by his "Mate ne Mate"* through a tedious process of masticating the raw material, and expressing the juice and saliva,—an infusion by mouth, as it were. Occasionally the physician takes the dose himself, and transmits the effects to the patient through certain incantations. Of all these methods which is best?

*Literally carpenter, or clever man, of illness.

[Written for the Therapeutic Gazette.]

Lycopersicum Esculentum (Tomato).

By T. K. Griffith, M. D., Hollyrood, Kansas.

IN the summer of 1874 I was treating a case of nurse's sore mouth with chlorate of potassa, carbolic acid and glycerine, iron, quinine, etc. When the earliest ripe tomatoes of the season came into market, the patient saw them, and craved them as food. I directed that she be allowed some; she ate some, and continued to crave them. I allowed her to satisfy her craving. There was a marked improvement in the case from this time; the mouth healed, the appetite returned, and the patient gained strength. I recommended a trial of ripe tomatoes to other patients having nurse's sore mouth, and to some having "canker," or ulcerated sore mouth. The tomatoes were beneficial in every case where used, so that I have for several years regarded them as possessing valuable medicinal properties in the treatment of nurse's and "canker" sore mouth, and as they are not always procurable, even in their season, I wrote to Messrs. Parke, Davis & Co., of Detroit, stating briefly the result of my experience in their use, and requested them to prepare for me, without heat, a fluid extract of the fruit, to be tested with reference to the practicability of retaining in an available form the medicinal properties, for use at any season of the year. My request was promptly responded to, and one pound fluid extract of ripe tomatoes sent me. I prescribed this preparation in three cases. The first was a female, æt. 39, mother of several children. Had scrofula in childhood, as indicated by the lymphatic glands of the neck, which were swollen and indurated. Has nearly all her life been troubled with dyspepsia, constipation, piles, and catarrh of all the mucous membranes, and especially with leucorrhœa. Has had attacks of ulcerated sore mouth from time to time since childhood, with spongy gums and decaying teeth. Gave fld. ext. solanum lycopersicum (tomato), ½ teaspoonful every two hours during the day. The medicine irritated the mouth, and on the 7th inst. I directed that a few drops of glycerine in a tablespoonful of water be added to each dose. There was marked improvement. July 8th–9th, still better. Continued the medicine for some time, and the patient shortly expressed herself as "feeling better than she had for years;" she felt stronger; the catarrh of nose better,—improved materially; the yellowish discharge first turned white, and soon almost entirely disappeared; the leucorrhœa also improved, and the constipation which had troubled her was very considerably relieved. Her face had a better color than for ten or twelve years.

Case No. 2 was of "the sterner sex," æt. 40. Stated that he had had cholera a few years ago. He was jaundiced; had aphthous ulcers in mouth and on lower lip; tongue loaded at base with dirty yellow coat; pulse 50 and weak. Prescribed podophyllin, chionanthus, and nux vomica, and also:

℞ Fluid ext. tomato, and water, of each, ʒ ij.
Phosphate hydrastia, grs. v.

Sig.—Teaspoonful to be taken every two hours. Also directed him to hold in his mouth for a few moments occasionally during the first day, one teaspoonful, and then spit it out. After using the second dose, he dashed the bottle to fragments, declaring that he might as well die one way as another, as the medicine was too painful to be borne.

The third case was that of a female, æt. 38 years, mother of several children; was scrofulous in childhood; has catarrh of mucous membranes; has had "canker" in mouth from time to time since childhood; has it now; bowels constipated; tongue coated, dirty, yellowish white, not heavy; patient lies "awake all night studying about financial troubles;" is discouraged, etc. Gave the fluid ext. tomato in ½ teaspoonful doses, and also pills of phosphorus, after meals. As usual, the tomato caused the mouth to be more irritable at first, followed by improvement, with improvement of the catarrh also. The case is now under treatment.

With my limited experience in the use of fluid extract of ripe tomatoes, I am satisfied that it retains the medicinal properties of the ripe fruit, and

that it will prove a valuable aid in the treatment of nurse's sore mouth, "canker," and chronic catarrhal affections. Nearly all of the cases of nurse's sore mouth, and "canker" or ulcerated sore mouth, as well as catarrh of mucous membranes that I have met with, existed in persons who were scrofulous in childhood. It is not my purpose here to discuss the pathological relations that scrofula may bear to some diseases of mucous membranes, but to call the attention of the profession to the value of fluid extract of tomato as a remedy in the treatment of these diseases. I have somewhere read that "tomatoes act on the liver like calomel." My experience convinces me that they act on the lymphatic system, to which they impart tone, and thus facilitate the formation of good blood; that they also exert an alterative and tonic influence on mucous membranes; and that they promise to relieve constipation and hæmorrhoids due to this condition. I would further suggest that they should, alternated with other medicines, be tested in form of spray in diphtheria and croup. They are tonic and alterative. I trust that this small contribution may lead to a full investigation by the profession, of the merits of fluid extract of tomato as a medicine.

[Written for the Therapeutic Gazette.]

The Therapeutic Use of Aloes.

By John L. Marsh, M. D., Greenfield, Indiana.

IN the recent age there is a very decided disposition to run after something new, and to disregard or neglect to give old remedies proper study. This disposition is to a certain extent commendable, as there are a host of remedies of great value that are comparatively unknown to the mass of the medical profession. These remedies are being brought to notice each year, mainly through the enterprise of certain druggists, who have made it a specialty to hunt out remedies of value and bring them before the profession. While the profession are looking for new remedies and testing their value, it would be well for them also to find the true place for some of the old time remedies. There are some fine old remedies which have fallen into comparative disuse, which have a place to fill in the cure of diseases. These need careful study, and their place assigned to them. In this paper I will only refer to the one well-known remedy, aloes, which from prejudice has fallen into disuse. Aloes was formerly used extensively in medicine, but owing to a popular belief that it produces hæmorrhoids or piles, it has been partially abandoned by most physicians. Like other remedies, when improperly used, it may do harm, but it has its special uses, the same as other remedies. All medicines have a direct action, and diseases are cured by this action, each morbid symptom having its peculiar remedy. Aloes has its peculiar action and is "specific" for certain symptoms, and when given with these symptoms present will always do good, and not harm, as claimed.

In the materia medica aloes is classed among the drastic cathartics, with remarkable slowness of action. It is a purgative *per se*, and produces its action whether taken internally or applied externally, entering the blood and producing its peculiar effect through the agency of that fluid. It also enters the secretions from the blood, and in this way produces its effect on the child nursing at the breast. It is slightly stimulating in its effects on the nerve-centers, and especially those distributed to the pelvis and abdominal viscera. It is for this reason a tonic, and increases the tone and vigor of the digestive apparatus and of the body. This stimulating effect on the bowels increases the blood-making power of the system, and under certain conditions it becomes a remedy for anæmia. In its purgative effects it increases the action and secretion of the rectum and colon, and unloads the lower bowel. This latter action furnishes one of the specific indications for its use in constipation with difficulty of evacuating the lower bowel. Hemorrhoids are often dependent on this very condition of the rectum, and the action of the drug often aggravates this trouble through simple irritation; but if the remedy is continued and the constipated habit relieved it does away with the condition upon which they depend, and this goes a long way toward their cure.

There are other medicines that greatly assist aloes in its action in certain cases. Notably among these are belladonna, hyoscyamus, and nux vomica, of the nervines, and preparations of cinchona bark and iron of the tonics. The last mentioned article fits in well with aloes in a certain class of cases where the patient is pale, anemic or cadaverous looking, with poor appetite, nervous, torpid bowels moving once a week, or two weeks, accompanied with labor-like agony. If the patient be a female, the menstruation will be scant or entirely absent, owing to a general atony of the pelvic organs. Aloes is peculiarly adapted to these symptoms, and with the assistance of iron will often relieve as no other remedy will. One-fourth to one grain of aloes, and one to two grains of sulphate of iron, given three or four times a day, will have a wonderful effect on the symptoms above mentioned. Aloes is *the* remedy for amenorrhœa with these symptoms, and should be given in increased doses just before the expected period. Aloes further shows its curative effect in these cases by the dose required to be given, which, if at first large, can be gradually decreased, until it can be entirely discontinued. With most purgatives given for the cure of constipation the dose has to be increased.

Aloes should usually be given in small doses, and not combined with more active purgatives. The combinations indicated are about all that can be made that will prove serviceable. With its special indication, combined with nux vomica and cinchona bark it makes an excellent tonic. One-half grain aloes, one-fourth grain extract of nux vomica and one-half grain extract of cinchona bark, in pill, or if a more stimulating preparation is needed, make a solution with gin, whisky, or alcohol; this makes a very efficient tonic. Aloes produces its effect in much smaller doses when thus combined than when given alone.

(Written for the Therapeutic Gazette.)

Piscidia Erythrina in a Case of Fracture of the Femur.

By William Fahy, M. D., Oxford, Miss.

HAVING been educated in the "Allopathic" school and in one of the strictest Universities probably in the world, (Edinburg), my education and prejudices have always run counter to empirical nostrums; the code of ethics of my venerable Alma Mater ignored everything that came not strictly within the bounds of propriety in therapeutic lore. Now, however, after many years practice, and the exhibition of, heaven knows how many nostrums, in and out of the dispensatories, I must candidly admit that Jamaica dogwood has pleased me above all other narcotics or anodynes. It was first recommended to me by Dr. Isom, of this place, who is the leading physician of North Mississippi, and I determined to give it a fair trial, knowing well that Dr. Isom would not have recommended it for exhibition without being fully satisfied that there was some merit in it. He is as strict on that point, (being a veteran of the "old School,") as myself.

On the 25th ult. my son, Franklin Fahy, æt. 11, was run over by a wood wagon, causing a transverse fracture of the femur. Of course in wounds of this description there is always a shock to the nervous centre, and to all the nerves converging thereto, occasioning at times extreme agony. The child, therefore, suffered intense pain, which I partially allayed with a small dose of morphia. On the advice of Dr. Isom, who set the limb, I tried the Jamaica dogwood and noted its effects. On exhibiting the first dose (ten minims) there was strong spasmodic action of the cruræus muscle, lasting two minutes. I found I had not given a sufficient quantity to produce the full physiological effect, and I, therefore, determined to increase the dose ten minims. The result was a stronger and more intensely painful action of the cruræus, causing a scream of agony from the child. "A failure as I expected," I exclaimed, thinking of many former failures with so-called reliable anodynes. I went to my table, fixed up a dose of morphia, returned to exhibit it to my suffering child when lo! I found him in as gentle a slumber as ever visited his innocent mind. I watched him closely and earnestly. "Is this something new and precious to suffering humanity," I asked myself, as I felt his pulse. Strange! its beats were almost normal. I felt his brow; a gentle diaphoresis had set in. I tested the action of the heart by auscultation; no stop beats, as in opium and its salts; all normal, or nearly so. For six hours and twenty minutes this gentle slumber lasted; the whole system was in complete repose, excepting now and then a slight twitching of the cruræus muscle. The patient awoke, and for eight hours afterward he was totally free from pain.

The first effect of the Piscidia puzzled me, namely the intense spasmodic action on the extensor muscle. This was undoubtedly due to reflex action, which soon after became reduced by the stimulating effect of the drug, which later acted as a true antiphlogistic, causing not incipient narcotism, but the twin sister of gentle slumber, which I may be pardoned for naming "Piscidiaism."

I am now using the dogwood confidently, and my little boy is doing well under its influence, in other words, he rests well night and day, and I cannot perceive in the least any indications of the unpleasant after-effects of opium, can. Indica or the bromides. This is a "consummation devoutly to be wished," not only by the humane physician, but by the intelligent patient, who may dread that most awful of future fears, the "opium habit." I know as many as thirty cases of confirmed opium eaters within a radius of fifty miles of where I write, who would probably have never been in that deplorable condition had the piscidia been better known to the profession when they exhibited the opium to relieve some trifling neuralgic pain. Speaking for myself, I shall certainly, after this, never use opium or its derivatives when piscidia is indicated in any painful disease from which my patients may suffer.

[Written for the Therapeutic Gazette.]

Patent Medicines.

By J. W. Lockhart, M. D., Milford, Neb.

I AM not only surprised, but an indefinable feeling of lugubriousness comes over me when I am forced to the conclusion that the THERAPEUTIC GAZETTE is wanting in moral tone. This thought had not transpired to my mind till recently, when reviewing its articles on the sale of proprietary and patent medicines. In the recent July number, page 268, in an article republished from the Chemists Journal, it says: "Dealers are certainly not blameable for handling goods for which there is a demand." It also says, "these goods are spurious patents forced upon the market by unscrupulous manufacturers," which would be correct if they had gone a little farther and said assisted by unscrupulous dealers who are in every case not only the agent, but the aiders and abettors of these unprincipled manufacturers, in securing public plunder. Every manufacturer of, and every dealer in worthless proprietary medicines, must admit that he intentionally, for the sole purpose of reaping pecuniary profit, greatly exaggerates and glaringly misrepresents to the ignorant public the medicinal properties and healing virtues of his particular nostrum. Are dealers in such articles less blameable for misrepresenting facts than other men? In almost every state in the Union the act of obtaining money by misrepresentation of facts is, by legislative enactment, defined as crime, and in every instance, except in the case of the patent medicine man, punishable by fine or imprisonment, or both. Why in the name of justice should this be? The fact that a man has been endowed with enough mental and financial ability to enable him to attain the responsible position of druggist, gives him no right to take advantage of the simplicity and ignorance of those who have not been so liberally dealt with. What would the editor of the GAZETTE or the author of the arti-

ticle referred to think of me, in my capacity of physician, were I to say I have a perfect right to practice abortion simply because I have a demand for that kind of business, or to deal out regardless of consequences, opium to the slaves of morphine because they demand it? But it may be said this is dealing with human life often destroying it. So is the other. I know whereof I speak when I say there is not a physician of experience in this country who can not give testimony of sickness and deaths that must be attributed, at least indirectly, to the use of this class of medicine. Where is the physician who has not more than once been called too late, because the patient or his friends placed too much confidence in some patent nostrum which the druggist's advertisement, stengthened by testimonials from imaginary persons all over the world, induced them to believe would cure him of his disease.

If for nothing more than to relieve the medical man of the heart sickness which he feels when he turns from such a case the druggist ought willingly to give up the sale of a class of mixtures which he knows to be worse than useless. If we cannot convince our friends, the druggists and the manufacturers, that they are doing us more than a financial injury, we had better pursue the even tenor of our way with a dignity that proclaims us yet untrammeled with the toils of debasing avarice.

This was begun on a financial basis and must now be changed to a moral basis or it can accomplish nothing. Only the moral side can secure efficient legislation. Only the moral side can obtain public sympathy and support. Without these we can expect nothing, we can do nothing.

Hospital Reports on New Remedies.

[Written for the Therapeutic Gazette.]

Piscidia Erythrina—A Report of its use in Twenty Cases in Boston City Hospital.

By Robert T. Edes, M. D., Professor of Materia Medica Harvard University.

CASE 1. John C. Enlarged glands in right groin, giving rise to severe crural neuralgia. A small man, much run down. Improving. Has been using morphia subcutaneously.

April 27. ℞ Dogwood,* ʒ ss.
28th. Slept fairly well.
29th. Did not sleep well; increased dose to ʒ ¼.
May 1. Has had no relief from Dogwood; increased to ʒ j at night.
2nd. Did not sleep well.
4th. Slept well last night.
5th. Slept well last night *without any medicine.*

Case 2. Kate M., æt. 30. Headache very persistent. Is probably, to say the least, an exaggerator of her sufferings; has taken almost everything.

April 27th. ℞ Dogwood ʒ ss, at 8 P. M.; slept pretty well; repeated next night with similar result.
29th. ℞ Dogwood ʒ j; repeated for three days.
May 2nd. Says she had an uncomfortable feeling after taking Dogwood, which lasted one half hour; after that her pain was relieved.
May 4th. Headache very bad last night; omitted Dogwood; fluid extract of tonga was given for eleven days without relief; nothing else did her any good, and she was discharged without relief at her own request.

Case 3. Bernard M. Cardiac. May 19th. ℞ Dogwood ʒ ss last night. Did not sleep.
21st. ℞ Dogwood ʒ ss last night. Slept well.
22d. " " " " Did not sleep well.

Case 4. Michael D., æt. 29. Laborer. Facial neuralgia, probably syphilitic.

April 28th. ℞ Dogwood ʒ j*. Did not sleep well.
April 29th. " ʒ ij*. " " " "
30th. Fluid extract tonga ʒ j ter die.
May 8th. Tonga stopped. Complains of considerable pain. Final recovery.

Case 5. William K. Alcoholism; pleuritis. April 29th. ℞ Dogwood ʒ ss at 8 P. M. Slept well.
May 1st. Slept well.
2nd. Had no Dogwood and slept better than on the night of (previous to?) April 30.

Case 6. James E. G., æt. 56. Chronic nephritis; cough; dyspnœa.

June 14. ℞ Dogwood ʒ j. Did not sleep well.
15th " " " " " " "
16th. Slept better than night before.
17th. 18th, and 19th. ℞ Dogwood ʒ j. Result not recorded.
20th. Slept pretty well last night.

Case 7. Mary O. C., æt. 23. Hysterical aphonia; anæmia.

June 15th. ℞ Dogwood ʒ j. Slept.
27th. ℞ Dogwood ʒ j. Slept last night but awoke with a start.
29th. ℞ Dogwood ʒ j and Hoffman's anodyne.
30th. Did not sleep very well last night.

Case 8. Timothy M., æt. 73. Chronic rheumatism.

July 1st. ℞ Dogwood ʒ j. Slept quite well.

Case 9. Edward B. Phthisis and laryngitis.

July 1st. ℞ Dogwood ʒ j. Did not sleep very well.

Case 10. Martha L. Left hemiplegia; very restless.

July 1st. ℞ Dogwood ʒ j. Didn't sleep very well.
2nd. " " " " " "
16th. " " " " " "

Case 11. Sarah L. Lead paralysis.

July 14th. ℞ Dogwood ♏xv. Did not sleep well.
15th. ℞ Dogwood ʒ j. Slept well.
16th. " " " "
17th. " " " "
18th. " " " fairly well.
19th. " " " well.
23rd. " " No record of result.

Case 12. Emma S., æt. 27. Neurasthenia, syphilis, etc.

May 30th. ℞ Dogwood ʒ j. Slept a little the first part of the night.
31st. ℞ Dogwood ʒ j. Did not sleep very well.
June 1st. ℞ Dogwood ʒ j. Slept the first part of the night.

*The word "Dogwood" is used for the sake of brevity instead of "Fluid Extract of Piscidia Erythrina."

*It is possible that this means a simple syrup which was used for a few days, in proportion of one part fluid extract to three of syrup.

2nd. ℞ Dogwood ʒ j. Slept all night.
3rd. " " " fairly.
4th. No Dogwood. Did not sleep.
5th. ℞ Dogwood ʒ j. Slept fairly.
7th. " " Did not sleep well.
9th. " " " " " "
10th. " " Slept well.
11th. " " " "

Case 13. Carroll C.; colored; teamster. Chronic nephritis. Ascites; dyspnœa which he calls "asthma." Not relieved by quebracho.

June 8th. ℞ Dogwood ʒ j. Slept well.
9th. " " " "
10th. " " " "
11th. " " " "
12th. " " " "
13th. " " " "

There is no record of previous sleeping, except several presciptions of chloral, bromide and morphia. After this time, however, there is no such prescription.

Case 14. Lavina T., æt. 44. Greatly broken down; anæmic, with headache and gastric disturbance; complains of everything that is done for her in the way of medicine or food.

May 13th. ℞ Dogwood ʒ ss. Complains of nausea and headache following Dogwood.

Case 15. W. D. L. Melancholia. Attempt at suicide by laudanum.

May 14th. Did not sleep well last night; was nervous.

15th. ℞ Dogwood ʒ ss last night. Slept quite well.

16th. Slept very well without medicine.

17th. Dogwood last night and slept well.

18th. Ale.

19th. Did not sleep so well. Does not think ale agrees with him.

22d. No Dogwood. Did not sleep well.

26th. Discharged. Much relieved.

Case 16. G. O. W. Painter. Has had lead colic and dysentery.

May 4th. Now enters on account of dysentery.

11th. Pain better, and discharges less.

12th. ℞ Dogwood ʒ ss, ter in die.

17th. Still has pain. Omitted Dogwood.

23rd. Discharged relieved.

Case 17. Sarah E. G., æt. 48. Chronic invalid; neurasthenia. Has used many narcotics.

May 23rd. ℞ Dogwood ʒ ss. Relief.
25th. " " "

Case 18. Ann B., æt. 40. Cephalalgia and paralysis of external rectus oculi, probably syphilitic.

May 25th. ℞ Tonga, ʒ j. Did not sleep.

26th. ℞ Dogwood ʒ ss. Did not sleep well.

Case 19th. (Private.) Mr. F., æt. betw. 60 and 70. Valvular disease of heart; great restlessness and dyspnœa. Took on several nights Dogwood ʒ j, but often with Dover's powder It is difficult to say whether any decided relief was obtained from it. Certainly it was not very great.

Case 20. (Private.) A lady, æt. a little over 60, suffered from nervous wakefulness, and after trying the Dogwood several times, expressed what it seems to me is probably about the correct judgment on its virtues. She said that she didn't go to sleep any sooner with it, but was sure that she was less restless and turned over fewer times than without it. She remembered, too, that her son, who had the same sort of trouble, and to whom she, on one occasion, administered a dose, returned for another subsequently.

Reports on New Remedies.

From Private Practice.

[Written for the Therapeutic Gazette.]

New Remedies in General, and Cascara Sagrada, Eucalyptus Globulus and Jamaica Dogwood in Particular.

By J. C. Roberts, M. D., Pulaski, Tenn.

I HAVE been permitted to test several of the new preparations, and further, my mind has been directed in a new channel. It is very true, as has been taught, there is system in nature, and eulogiums have passed upon the fact. This being so, what is more natural than for us to attempt a reduction of the chaotic condition to as perfect a system as possible?

So for ages we have collected the opinions and the conjoint conclusions, by mutual concession, to an order called system, thereby classifying a list of human ills, and also the agents presented for the relief of those ills, and by energy and experience we have added no little to the effectiveness of our calling. We have arranged diseases into classes indicating the nature of the disturbance in each, as inflammatory or non-inflammatory, acute or subacute, organic or functional; and in the classification of remedies they have been divided into various sections, as astringents, irritants, stimulants, tonics, alteratives, nervous and arterial stimulants, and sedatives. And still we are moving upon the most important fortress of all, and the genius of ages has been brought to bear on the reduction of this, as yet an impassable obstacle: the law expressive of the relation which obtains between remedies and diseases; and yet the probabilities are that there is no such law. Dr. W. W. Smith says: "The results of incessant pathological and clinical industry throughout civilization, tend to separate diseases and group them into subdivisions, but afford no indication that there is anything distinctive that applies to diseases in general. Each of the disturbances called diseases is a law unto itself, and bears no such similarity to any other disease as would permit the two being classed together for therapeutic purposes. An inflammation calls for a different line of treatment from a neuralgia, and the treatment of a fever is essentially different from that of either, and the line of treatment indicated in either case would scarcely answer for the removal of a biliary calculus, or the mitigation of the symptoms of valvular disease of the heart."

I referred an opponent in this place to the multiplied list of new remedies, to the various officinal preparations of the Peruvian bark. He denounced them all, believing them to be introduced simply to make money. He did not believe in any of the preparations, as quinamine, cinchonidia and the various

other salts, and thought quinine was the remedy. I asked him if he had used many, or any of the new remedies recently introduced, and he said no, he did not believe in them, he believed in conservatism. This, of course, is a question upon which differences are inevitable. It is a question intimately connected with rational medicine. A formidable objection to it is that the movement is of American origin; had it originated beyond the seas, Americans would have taken to it more kindly, for the distance would have lent enchantment to the view. I am willing that a line be drawn for the test, and that test is a trial of the drugs themselves that we may learn the dose and effect. Let us have chemical and physiological tests, if you will, but have them confirmed by experience in their actual therapeutic trial. Effort is unpleasant, and men labor both mentally and physically from necessity rather than choice, but it is an abuse of a good term to attribute this indisposition to make the effort necessary to progress, to conservatism.

I have tested a number of the new introductions, among others the trumpet plant (sarracenia flava), grindelia squarrosa, ague weed, yerba santa, manaca, Jamaica dogwood, cascara sagrada, and eucalyptus globulus, and find them remarkably true to the claims advanced for them. On behalf of the cascara sagrada, I would say that it makes one of the most reliable, safe and harmless laxatives, and used when combined with jalap, is an excellent cholagogue. Within the last two weeks I have had three cases of chronic cystitis with hæmaturia, and after trying various remedies without relief, the exhibition of eucalyptus in 20 drop doses every three hours, relieved two of the cases immediately. The third case, occurring in my brother, a paralytic, suffering intense neuralgic pain, was more protracted, but in three hours from the first dose of eucalyptus, he experienced more relief than from several days, treatment with other leading remedies. Jamaica dogwood relieved him of his neuralgia and gave him sleep.

[Written for the Therapeutic Gazette.]

Monarda Fistulosa, Berberis Aquifolium.

By C. M. Woodward, M. D., Tecumseh, Mich.

PRESS of professional work and lack of opportunity have prevented me from making anything like a thorough test of other new remedies than monarda fistulosa and berberis aquifolium. My experience in the use of the former drug has been extensive, and would have been still more so had the supply of the drug not given out. Not having been able to procure the fluid extract I was forced to resort to a quantity of the dried herb, which I had gathered the previous season, giving it in form of a strong decoction. By means of it I have been able to control many cases of intermittent fever, that had proved rebellious to quinine and other remedies employed. Two weeks ago Mr. Frank S., of this place came to me saying that "he wanted to get some of that medicine that I cured ague with," as he had a lady friend about five miles in the country who had had the "ague" all the spring and summer, and had been unable to break it up with quinine, cinchonidia or any of the other medicines used for that purpose. I told him I had none of the fluid extract, but had a handful of the dried herb, from which I would prepare a strong tea and we would try it. I saw the gentleman a few days ago and asked him how his patient was, and he informed me that she was all right.

Last October Mrs. P., came under my treatment for intermittent fever from which she had suffered all the summer and fall, had been under treatment by several physicians who had used "ad nauseam" the ordinary remedies, quinine, etc., without avail and she was running down rapidly. I gave her fluid extract monarda fistulosa, (P., D. & Co.) in teaspoonful doses every two hours during the day, or until the peculiar prickly sensations were produced on the skin, and profuse sweating occurred; after three days treatment she was cured, and remains well up to this time, has never had another attack, nor felt any symptoms of a return of her disease.

I scarcely know how to get along without the monarda fistulosa now that I know so well its value. The new crop will soon be ready, when I shall provide against future scarcity by laying in a good supply.

I have carefully tested a sample of the berberis aquifolium, and yerba reuma. The berberis aquifolium I have used with remarkable success in three cases of syphilitic eruption and two of salt rheum (psoriasis). One case of syphilitic rupia was completely cured in ten days after having resisted treatment by other physicians with other remedies, and this patient assures one that he is better now than he has been in ten years before. I prescribed in this case the following:

℞ Fl. ext. berberis aquifolii, (P., D. & Co.) ℥ ij
Potass. iodidi, ʒ ij
Syr. sarsæ. co. q. s. ℥ jv.

M. Sig. A teaspoontul four times a day. After the cure of the rupia the same prescription was continued for a time until his health seems perfectly restored.

The yerba reuma I have used to some extent in nasal catarrh and with good results, but I perhaps shall speak more fully in relation to this medicine hereafter.

[Written for the Therapeutic Gazette.]

On Extract of Malt with the Hypophosphites.

By C. Wiensma, Sand Creek, Wisconsin.

I WISH to add my testimony to the value of malt extract and the hypophosphites. I have used the preparation with excellent effects; increase of appetite and animal heat, marked improvement in breathing power, and diminution in expectoration following its exhibition in wasting diseases. I take from my note-book an illustrative case, although I could give many more:

Miss W. N., aged 32; first seen on January 25th, 1881. Has had a cough, with occasional hæmoptysis for 16 weeks, accompanied by loss of flesh and strength. Left upper chest dull on percussion with some crackling sounds on auscultation; breathing sounds very feeble. Ordered five grains of hypophosphite of soda three times a day, from which she derived much benefit, but on Feb-

ruary 21st, as she complained of exhausting night sweats, it was changed to the extract of malt and the hypophosphites. March 4th, her condition is much amended; has gained in flesh and strength, although she still has some cough, with yellow expectoration; respiratory sounds are feeble in both lungs. March 16th, a bad relapse; crackling distinct at upper left chest; much thick expectoration. She was now ordered cod liver oil, as well as the hypophosphites and malt, and by April 2d she felt herself quite well again, cough and expectoration having materially abated; no more hæmoptysis; pulse 72; appetite good. She went on very well for one month, and then the cough returned with free expectoration. This time I gave her the liquor calcis saccharat. of the B. P. in ½ oz. doses, to see if its effects were the same as that of the malt and hypophosphites; but even though she had cod liver oil, she got no relief till the malt and hypophosphites were resumed in ℥ss doses. She then improved, and is at present in good health.

From what I have seen of patients whom I treated three years ago with the malt and hypophosphites, the permanency of the cures has in several instances been so remarkable that I doubted whether I had correctly diagnosed them. Only one of those cases has, to my certain knowledge, relapsed, although I have in numerous instances urged the patients to come to me at once should any signs of returning disease appear.

[Written for the Therapeutic Gazette.]

Cascara Sagrada, Jamaica Dogwood, Jaborandi, Rhus Aromatica and Tonga.

By J. F. Goldman, M. D., Huntsville, Ala.

I HAVE used the above remedies with results more or less satisfactory. Cascara sagrada has proved itself equal to the reputation given it through the GAZETTE. It has become a "domestic remedy" in many families, for constipation, indigestion and biliousness. Jamaica dogwood has not proved so satisfactory. In one case of ovaritis it acted like a charm, giving ease at once. In other, and similar cases, it has failed me; I do not consider it a reliable remedy in neuralgia. Jaborandi on the other hand has more than sustained its reputation. For certain forms of kidney troubles, I regard it as a specific. In incipient Bright's disease, suppressed urine, dropsy, etc., I have learned to lean upon its wonderful power over the secretions, and capillaries. This remedy will certainly advance to a high position in our Materia Medica. Rhus aromatica failed me, or nearly so in my first case of enuresis, a boy eight years old, and a confirmed "bed wetter." While using it, he was better, but no cure resulted after two fair trials. In my second case, however, a girl five years old, the result was marked, and very satisfactory. She evidently had incipient diabetes insipidus, passing large quantities of limpid urine, and very often. She had no control over her bladder, and at night she "made her bed to swim." Her mother was in despair as "whipping did no good." I put her on five drop doses fluid extract rhus aromatica, four times per day, with good results from the beginning with a cure in two weeks. Tonga has had but one trial in my hands, and that in the most obstinate case of periodical neuralgia I ever treated, with most satisfactory results.

[Written for the Therapeutic Gazette.]

Caroba, Jamaica Dogwood, Lippia Mexicana, Etc.

By J. S. Durant, M. D., Danville, Vt.

CAROBA I have used in combination with iodide of potash in a case of tertiary syphilis, with very marked and speedy improvement.

I have tried Jamaica dogwood in but one case, and then it failed, as did all other anodynes.

Cascara is too well and favorably known for me to more than say that I use it constantly, and with great satisfaction.

Lippia Mexicana has in my only case acted well as a demulcent and expectorant.

Kava kava seems to be valuable in gonorrhœa, but my experience with it is very limited.

I have used desiccated blood in one case of rectal injection, and I am satisfied that it contains a large amount of nutriment in small bulk, and in an easily assimilable form.

I am using liq. ergot. purificat., and find it palatable and reliable. In one case of abortion I used it freely hypodermically, with no ill effect as regards soreness or local irritation.

Berberis and yerba reuma, come near being specifics in catarrh and ozœna. I am achieving quite a local reputation from their use, and in six cases so far, each has been cured, or under treatment, is recovering with the berberis.

This is, briefly, my experience with the newer remedies thus far, and I must say that I am pleased.

[Written for the Therapeutic Gazette.]

Stylosanthes.

By E. H. M. Sell, M. D., New York City.

IT is now more than one year since I was furnished with a supply of the fluid extract of Stylosanthes, since which time I have used it successfully in many cases.

Having administered it to many women during the period of gestation, I am able to claim for the fluid extract of stylosanthes remedial properties of great importance.

I do not remember that it failed in allaying the abdominal pains, so common in the last months of pregnancy, in a single instance. In administering this remedy in ten drop doses, three times daily for three or four weeks previous to confinement, it not merely removes all abdominal and false pains, but I have also found it a valuable preparatory parturient, rendering the first stage of labor short, and in a number of cases almost painless.

From a number of experiments made I am convinced that the stylosanthes has other actions of much greater therapeutic value than those above enumerated; of these, however, I expect to speak at another time.

Correspondence.

Gonorrhœa.

Noticing to-day the March number of the "THERAPEUTIC GAZETTE," I observed an article from Dr. P. D. Winship, of Paris, Tenn., offering a prize for a formula which will act as a specific to the gonorrhœal virus. I admit that it is assuming considerable to place before the profession any remedy, and call it a "specific" for any disease, yet manufacturers of nostrums are daily doing this, and claiming specific properties for their compounds. I hope I may be excused, and not called over-zealous, when I say that to the very best of my judgment I have succeeded in making a prescription which has met all my expectations, which does act as a perfect specific to the gonorrhœal virus, which will cure all the cases that the doctor has stipulated that it should, and which will meet all the various indications and complications in gonorrhœal urethritis. I have had a considerable experience in treating gonorrhœal ophthalmia, and finding my cases also suffering with gonorrhœa urethritis I was led to apply the same remedy to this complication.

The prescriptions I rely upon are as follows:

℞ Morphiæ sul. gr. jv
Zinci chloridi, gr. ij to jv
Atropiæ sul. gr. j
Glycerinæ, ʒ j
Aquæ puræ q. s. ʒ j.

Misce. Signa. Inject into urethra freely twice each day using a large improved rubber syringe.

I prescribe the customary strict dieting, and the avoidance of all stimulants, and enjoin absolute rest in bed. I claim that this rest is a *sine qua non* where we wish to get a perfect cure, and in so short a time as the Dr. has allowed us. When the patient finds it necessary to get on his feet, he is to wear suspensory bag, for scrotum.

In addition to this local treatment I prescribe, should there be much chordee and pain, spr. ætheris nitrosi with aqua camphora at bed time. Dr. P., has made it a requisite in order to meet his favor, that the formula should be printed in the "THERAPEUTIC GAZETTE" and I ask you to give my treatment publication and should the doctor conclude to give it a test I shall be glad to hear of his success.

C. A. LAMBERT, M. D.

GOSHEN, IND.

Quebracho.

Under the same roof with me is a lady who is a patient of as good a physician as this city affords. She has a chronic eruptive disease at times involving her throat, and possibly her lungs. No tubercles. She is affectionate in disposition, but impulsive, and at times violently manifests displeasure. In such paroxysms she always has dyspnœa, formerly to the extent of occasioning blueness of the lips. Now she calls on my daughter for a dose of fluid extract of quebracho. Before she knew of this agent she suffered almost constantly, now, she says, half a teaspoonful will give relief very soon, and enable her to meet and entertain company, and contend with the boys, her children, throughout the day.

It is the only opportunity I've had to employ this agent. In this one person the effect is remarkable and positive.

FRANK A. RAMSEY, M. D.

KNOXVILLE, TENN.

California Laurel.

I see in the June number of the THERAPEUTIC GAZETTE an article from Dr. Bundy, of Oakland, Cal., in regard to California laurel. Although I was the one to bring the drug to the notice of the profession I had not used it in cholera morbus, until reading his article. Since then I have used it with marked results not only in cholera morbus but in all the diseases of the digestive organs incident to warm weather. It is not properly an astringent, but more certain in many instances to check discharges, it having given prompt relief where astringents had failed.

Thanks to Dr. Bundy for his testimony, and I hope other physicians will try it, and report.

L. MANN HAMMOND, M. D.

KANSAS CITY, MO.

Grindelia Robusta, Cascara Sagrada and Piscidia Erythrina.

In the last number of the GAZETTE, page 229, under the heading "Discussion," Dr. ——'s remarks on the use of grindelia robusta in asthma are quite unsatisfactory, if not contradictory. After lauding the remedy highly in the beginning, he says, "As to grindelia robusta he had nothing to say." Grindelia, I must say has not in my hands come up to my expectations. Cascara sagrada has never failed to fully sustain its deservedly high reputation. Jamaica dogwood has failed entirely in every trial I have given it.

T. A. AUSTIN, M. D.

SAN DOMINGO, TEXAS.

Epilepsy.

My experience has been rather successful in the treatment of this affection, and I can say to Dr. Miller of Eureka Springs: The first indication is to find the cause and remove it if possible. Then, if a male, give the following to begin with:

℞ Bromide of ammonium,
Bromide of potassium,
Bromide of sodium, ää ʒ ij
Water, ʒ vj.

M. S. Teaspoonful after each meal, increasing if necessary.

If a female I give a solution of bromine for the reason that there is no eruption caused by using it in this way:

℞ Bromine, ʒ j
Water, ʒ viij.

M. S. Teaspoonful diluted in water.

In most cases treatment must be continued at least 18 months after the last convulsion.

W. H. LOPP, M. D.

COLUMBUS, IND.

The Therapeutic Gazette

WM. BRODIE, M. D., Editor.

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Publisher's Notice.

THE present issue is one of the usual enlarged editions which it is the custom of this journal to send out at this season of the year. The copies in excess of the regular issue are sent to the addresses of non-subscribers with a view to introtroducing the THERAPEUTIC GAZETTE to their consideration, and securing their support during the coming year. Although care has been taken not to duplicate copies of this issue to names regularly on the list, it may still happen that an occasional subscriber may receive an extra copy. In such case I would esteem it a favor to have him either return it or hand it to some physician whom he knows is not a subscriber.

Touching the professional merit of the THERAPEUTIC GAZETTE, it does not become me to speak, further than to refer to its reflex on the financial features of the publication. This journal has under its present management, achieved probably the largest circulation of any medical periodical in this country, the average *bona fide* circulation being over ten thousand, and is rapidly and steadily increasing. While, doubtless, this success is in a measure due to the active business management of the journal, the fact that the subscribers embrace leaders of professional thought, and the more successful practitioners in all sections of the country, speaks more emphatically than words, of intrinsic literary and professional value.

The THERAPEUTIC GAZETTE occupies a place in medicine in this country not entered by any other journal. It is distinctively a therapeutic journal, its contributions, its editorials, and its excerpta, all being submitted on the supposition that its readers are versed in those fundamentals of medicine which are necessary to the proper estimate of statements regarding the therapeutic value of drugs. It does not attempt the theorizing and speculation, and instruction in pathology and the non-practical divisions of medicine, which more properly belong to the text-books and to such journals as are especially devoted to them. In its aim to be practical, it avoids empiricism as far as is possible under existing imperfections in medical investigation, reserving to itself the right of publishing authenticated reports of the action of a drug, even though its *modus operandi* cannot be explained. While it regards a knowledge of the manner of a drug's action as important, it still holds a knowledge of the action itself as more important.

It is my desire to still further increase the sphere of the GAZETTE'S usefulness, and the size of its subscription list. As an inducement to this end, I will furnish the journal gratis for the remainder of 1881 to parties receiving this copy and remitting for 1882, thus giving 16 numbers, or 640 pages of reading matter for one dollar. This offer is unprecedented in medical publications, and I trust that professional gentlemen receiving this specimen number will show their appreciation of it by filling out the enclosed blank, and enclosing with it the amount of subscription.

GEO. S. DAVIS.

Tobacco.

"M'C.'s" appeal in our last for some harmless antidote to the taste and desire for tobacco will probably have aroused conflicting opinions among those who read it as to the desirability of such an antidote. Probably ever since shortly after Sir Walter Raleigh introduced the Virginian weed to the notice of the virgin queen and her subjects, there have been two extreme parties, and one whose motto has been "*in medio tutissimus ibis*," in opinion as to the influence which tobacco exerts over the physical and mental parts of man's being. Alternately the weed has been exalted to the skies and debased to the pit; poets have sung its delights and fanatics have anathematized it. "He who does not smoke," says one, "has either known no great sorrow or denies himself one of the softest consolations next that which comes from heaven;" and another responds to this eulogium by pronouncing it "a den of deadliest poisons, all having their *habitat* in this colossal curse tobacco." In our later and less imaginative times the *argumentum ad hominem* has been had recourse to, and the tobacco-phile points to octo- and nono-genarians and centennarians who have looked through the clouds of incense which have arisen from their "meerschaums" or "dudheens" and have seen generations of non-smokers laid quietly away in the "city of dead," while the tobacco-phobist refers you to the long list of affections, nervous, vascular and muscular, paralysis, convulsions, dyspepsia, amaurosis, cephalalgia etc., which are catalogued as the immediate progeny of tobacco. It will thus be apparent that the subject is one than which few are more capable of arousing opinionated controversy, or of arraying in their defense or opposition more ardent advocates. It will also strike the dispassionate observer that the truth does not lie in either of the extremes indicated, but will most likely be found somewhere between, the proximity to either to be determined by a careful weighing of the evidence.

It has been very truly said that it is a misfortune that the advocates of any system of rigid ethics, must of necessity be of the ultra-prejudiced

type; their system admits of no adjustments, it is hard, fixed, unalterable; whatever exists not in accordance with it, exists in the sight of those good people, for evil only, and "evil is its good." Such people in the ranks of the anti-tobacconists are obviously disqualified from giving a judicial opinion; they not only will not admit that its use is ever justifiable, but deny that anyone is so constituted as to be able to indulge in tobacco without injury. With them smoking is a vice and every smoker a beast and on the road to certain ruin, for if tobacco itself do not take him off it arouses appetites which will inevitably work his destruction.

A letter in the London Lancet some time ago by the late Professor Parkes, the great authority on hygiene and sanitary science, contained the following, which created considerable discussion in England at the time:

"As to the effect on the young, even, it is curious, in Burmah, to see children smoking in their mothers' arms; and yet when I was serving in Burmah, many years ago, I often saw a woman walking along smoking her cigar of tobacco rolled up in a plantain-leaf, and carrying on her hip her child of two or three years old, who also had his or her little cigar, which was smoked with the greatest gravity. On talking to the Burmese (who smoke constantly), they would never allow that even children were in the least damaged. When I was in Turkey I tried to make inquiries of some of the intelligent Turkish gentlemen: one or two of them said they thought the Turks had learned to smoke from the Europeans, and had been growing apathetic and dull ever since. But others laughed at this, and the rural Turk, who smokes a good deal, is a fine, active, energetic fellow.

"I have talked to many Germans, who all stand out manfully for tobacco.

"In conclusion, I confess myself quite uncertain. I can find nothing like good evidence in books; too often a foregone conclusion, without any evidence to back it, is given.

"I think we must decidedly admit injury from excess; from moderate use I can see no harm, except it may be in youth."

It would, of course, be unfair to argue from this that tobacco may be indiscriminately indulged in without injury, by the youth of this or any other country, or even that adults regardless of idiosyncrasies of constitution may partake of it in unlimited quantities. Tobacco does contain principles which, absorbed in large amount, are undoubtedly hurtful to any one, regardless of his constitution, and which, when taken up, even in very minute quantity, are positively poisonous to some. The physiological effect of nicotine is "to paralyse the terminal plates of the motor nerves," and its prolonged excessive use undoubtedly produces degenerative changes in the nerve centres. Undoubtedly, too, the absolutely excessive use of tobacco in all cases, and its comparatively excessive use in individual cases, is productive of many of the digestive and other derangements commonly ascribed to it. But may not the same charges be made against tea and coffee, beverages which partaken of in proper quantities are almost universally conceded to be beneficial rather than hurtful?

The whole subject is one which might be made a profitable study. At present we are in possession of too few observations by unprejudiced observers and the question is yet very decidedly open. The following, however, from the Medical Press and Circular may be regarded as a fair statement of the case as it now stands:

"It remains to be said, and this the most inveterate smoker will concede, that for young persons the habit is unmistakeably a bad one. During the period in which the physiological activity of the body is at its height, it is simply injurious to so interfere with its functions as shall in any way disturb the harmony existing between them. Tobacco smoking achieves the disturbance of interference with the digestive functions first, and subsequently by complicated nervous changes depending on retarded nutrition of the tissues; and at a time when the growing organism is specially in need of every assistance, to meet the needs of its development, it cannot be but intensely injurious to it that any portion of its force shall be alienated from its legitimate office. The system suffers and the boy degenerates until his condition becomes altered and attuned to the life-long exhibition of the evils of premature and continued indulgence in tobacco smoking. The anti-tobacconist, however, is by no means thereby justified, in assuming that the same cause is productive of the same results in *every* case. This he does unwarrantably. The physiologically perfect man, in whom the exchanges are periodically balanced, is in a wholly different position to that of the boy; the former is in a state to profit by the aid in procuring repose, which tobacco affords; and the first effects of the drug overcome, and the system accustomed to its influence, it exerts a beneficial effect rather than other. Here again, excessive indulgence, as with any other thing good in itself, is bad in the extreme;—but avoiding the objectionable term, "moderation"—inside of incipient toxic effects, it will do no harm."

Is Syphilis a Benign Disease?

EXCEPTION has been taken to the following statement in our last: "That it (syphilis) will, of itself, create great constitutional debility is, in the light of experience, somewhat doubtful;" and our attention has been called to the history of the disease since its appearance in Europe, with its fearful destruction of life and the living death it has entailed on the sons of men. We have no disposition to gainsay the indisputable testimony of history, nor, indeed, is it necessary in support of the disputed assertion, to refute, even were it possible, the records of the historian. We admit that syphilis has been one of the most loathsome and fatal scourges of humanity, loathsome and fatal in its immediate effects, and, in virtue of the laws of heredity, fearful in its consequences on the innocent progeny of its unfortunate victim. It has emphatically been one of those sins of the father which have been visited on the children to the third and fourth generations. This is, however, what syphilis has been, the typical syphilis of history, but we believe there is abundant evidence to support the belief that its virulency has been very largely miti-

gated, if, indeed, it longer exists as an element of the disease. That diseases do undergo modifications in the course of years is now no longer disputed, practitioners still in active practice being able to testify to a change in the type of certain affections which has necessitated a decided modification in the treatment of to-day as compared with that of a quarter of a century ago. And not only has the type and treatment of diseases known by the same name now as then, undergone a modification, but affections either completely or comparatively unknown, even twenty-five years ago, have come to occupy prominent places in the nosology of to-day. These facts prove very clearly that diseases are not cast in fixed moulds and perpetuated in fixity of type. What has been transpiring in these matters in the memory of those now living is but a continuation of what was, and of what will doubtless continue to be, indefinitely; and there is no reason to believe that syphilis is an exception to the rule, nay, the evidence that it has formed no exception is positive and abundant, and justifies the hope that syphilis as a distinctive disease will be unknown to the practitioner of the comparatively near future. The disease has spent its virulence and is henceforward, especially with the controlling agents at our disposal, no longer to be regarded as the bête noir of medicine.

There are various influences which have united to bring about this change in the type of disease, among which the change in the modes and habits of life in civilized and enlightened communities, the refinements and the density of modern population, and the influence which medicine has had on the specific viruses, to which so many diseases are due, stand prominent. Perhaps, and probably, also, there is an inherent tendency in these specific viruses, as there is in certain seeds, to eventually run out, to become extinct. These influences either separately or, more probably, combined, have certainly left their impress on the nature of the syphilitic virus and the syphilis of to-day differs very materially in loathsomeness and malignancy from the syphilis whose ravages history records, ravages whose record has created such a horror of the disease in the minds of both the profession and the laity. It is barely possible, however, that while what is specifically known a syphilis is less virulent in its effects, known under different names it is more far-reaching than of old. Indeed, no less an authority than Professor Gross is disposed to regard leprosy, tuberculosis and various other affections as but different forms of the syphilitic virus, while there are those who maintain that the whole human race has become tainted, and that this taint is responsible for the modern mental and physical degeneracy of the race. It remains, however, for these latter to demonstrate that the race has actually degenerated.

But we have nothing to do with speculative questions growing out of the main question. Our proposition is that syphilis *per se* is no longer the virulent disease that it once was; that it has, indeed, become a comparatively benign affection. Statistics show it to be one of the least fatal of diseases. In England and Wales only one infant in a population of 24,500 dies yearly of hereditary syphilis; one child between one and five years in a population of 273,334 persons, dies of hereditary syphilis; and only one person in a population of 78,000 dies annually of the acquired disease. The total deaths in that country from every cause are 448,829, yearly, of which number only 1201 are ascribed to syphilis. There are 60 diseases tabulated in the order of their fatality by the Registrar-General; in 1868 syphilis stood 42nd in the list, and in 1872 it stood 45th, which on the average of 25 years it stood 53rd in the list. From a return to the House of Commons of all the deaths from syphilis in the workhouses of England and Wales during the year 1875, it appears that the deaths from syphilis, at all ages, in the workhouses—that is among the lowest classes of society—were only 8 per million inhabitants.

In this country Dr. Charles A. Dana, in an essay to which was awarded the annual prize of the medical society of the county of New York, for the year 1880, gives some very remarkable testimony to the benignity of syphilis. While assistant Surgeon in the U. S. Marine Hospital Service, being stationed at New York, he had an opportunity to see and get the personal history of nearly 2500 seamen, the very class among whom syphilis is correctly believed to be most prevalent. Of this number 378 presented a history of syphilis, 183 of those affected being Americans of varied descent; 94, Scandinavians, Finns, Danes, and Russians; 51, Irish; 26, Germans; 13, English; 7, French and Italians; and 4, West Indians. Of these the Irish seemed to be most severely affected by the virus, and this is accounted for on the theory that a race after generations of exposure becomes at last too barren a pasture for the syphilitic poison to flourish in. A large proportion of the populations of Denmark, Scandinavia and Finland have always followed the sea life and have thus been exposed to its accidents, among which syphilis has been one of the chief. The Irish on the contrary have not been a seafaring people and hence have not been so thoroughly exposed to the virus. Dr. Dana draws some very interesting deductions from his observations, which, however, lack of space as well as the object of this article, prevents us from reproducing; we shall content ourselves, and sufficiently subserve our purpose, by giving the following conclusions to which his investigations have led him:

First.—That syphilis, as a rule, runs a very mild course indeed, among American seamen, and physically incapacitates them less than either soft chancre or gonorrhœa with their complications and sequelæ.

Second.—That it runs this course, often without regular treatment, and almost always in spite of irregular living and unhygienic surroundings. These two conclusions, it may be added, tend to confirm the views of those who believe,

(*a*) that syphilis is curable, and, furthermore,

(*b*) that it very often has a tendency to spontaneous cure;

(*c*) that this present benignity of the syphilitic poison is due in part to treatment, in part to a gradual change, either in the character of the poison itself, or in the organism it feeds on, or both.

The Patent Medicine Reform.

THE Medical and Surgical Reporter takes exception to the statement of the Medico-Legal Society, of Philadelphia, in their declaration against patent medicines, that, "they (patent and trade-mark medicines) encroach on the province of the regular practitioner." It asks, "Is not this letting down a little? If the patent medicine trade is what we have all along pretended it is, then it rather helps us by making people sick; but if these nostrums, on the whole, do away with the need of doctors, had we not better keep this important fact to ourselves, as otherwise our lofty and virtuous rage about their sale will scarcely be so much admired as it has been?" Our esteemed contemporary has, in a moment of forgetfulness, jeopardized its reputation for practical, every-day common sense. This question of nostrum vending has several sides, among which it has one of more direct interest to the public, and others which especially attract the attention of the profession; but because nostrums present features which make them an "encroachment on the province of the regular practitioner" it by no means follows that they are hence a public blessing. Would our friend Brinton intimate that professional loss is public gain? Can he not conceive it possible that nostrums may militate against the pecuniary interests of the profession and at the same time be injurious to the health of the public?

We are pleased, for our part, to notice this declaration by the Medico-Legal Society, of Philadelphia. It is true there are those who will refer to it in support of their charge that the profession, in this crusade against nostrums, are actuated by purely selfish motives, but it is not difficult to convince any one open to conviction, that such an inference is unwarrantable. It is the province of the trained physician to treat disease. It is his right, in virtue of the fact that he has especially prepared himself for the office, and it is a duty which the layman owes to himself to seek the advice in sickness, of one who has qualified himself to advise him intelligently. It is a trite saying, but yet full of truth, that the man who is his own lawyer has a fool for a client. Illustrations of its truthfulness abound in the losses which men have sustained in endeavoring to transact important business without the guidance and assistance of one versed in the intricacies of the law, and yet, forsooth, the lawyer who quotes the saw is suspected of being moved by pure selfishness. Granted that there is an element of selfishness in the warning, (for lawyers as well as doctors are more or less human), the fact that non-legal gentlemen often suffer by attempting to guide themselves through legal intricacies, remains unaltered. Medicine is a profession, but it is also a business, a means of livelihood, and a means through which its practitioners seek to feed, clothe and educate their children, and, in authorative language, he that neglecteth to provide food, raiment, etc., for his own is worse than an infidel, or words to that effect. If the movement against nostrums were dictated purely by the fact that professional interests alone were affected by their sale, there might be some grounds for the charge of selfishness. But when it is demonstrable that the millions annually expended for nostrums are, in addition to their being diverted from their legitimate channel, really thrown away on worthless, and worse than worthless compounds, this "selfishness" of the profession is materially mitigated. It is too early (or too late), for physicians to set themselves up as pure philanthropists. All claims of pure disinterestedness excite suspicion in this utilitarian age, and, in our opinion it would not retard the movement against quackery, nostrum-vending and similar humbuggery, were the profession to attack them openly, also because of the direct injury they work to the pecuniary interests of legitimate medicine.

Referring, in this connection, to Dr. Lockhart's remarks on another page, we cannot but concede that there is sufficient justice in his criticism to cause us to explain (rather than to qualify) the objectionable remark. The dealer in patent medicines, and indeed also the manufacturer, is interested in them purely as articles of merchandise, and properly incurs no more responsibility in handling or manufacturing them than he incurs in handling or manufacturing strychina or sulphuric acid, or any other article capable of doing mischief. The responsibility of their use attaches to those who, knowing their evil effects, either positively or by implication recommend their use for special purposes. The public are blameless in so far as they are ignorant of the mischief attaching to the indiscriminate use of nostrums; the profession are responsible in so far as they endorse and tacitly encourage (in the manner we have indicated in previous issues), this indiscriminate use. The opium eater, with whom our correspondent seeks to fortify his criticism, purchases the drug with the positive object of perpetuating a vicious habit, and the patient who seeks an abortion demands an illegitimate operation. These illustrations are very inapt as applied to the question at issue. No one would question the right of the druggist to sell a customer a compound of calomel and jalap, and neither would he be held responsible for the customer's taking a dose, even with the best of intentions, when suffering from peritonitis. The blame in such a case would rest with him who placed the compound on the market, recommending it for all varieties of constipation, and with the physicians who have given certificates which have been made to endorse this recommendation, and who also have at times prescribed the compound in the constipated habit. Dr. Lockhart might with but little effort adduce many similar illustrations which would have the merit of more correctly representing the status of the patent medicine question, than those which he advances in his very readable article.

We reproduce in our present number (p. 343) an editorial, bearing on this subject from the American Medical Bi-weekly, which we commend to the thoughtful perusal of our readers. The article, cogent in reasoning as it is, is vested with additional interest from the fact that the Bi-weekly sought originally to palliate the nostrum evil, but was led, through a more thorough consideration of the subject, to see the fallacy of its original position. Professional opinion is becoming very generally aroused on the matter, and we confidently believe that the days of nostrums, in so far at least as they exist within the pale of legitimate medicine, are numbered. The time is coming when pharma-

cists can no longer serve both the god of reputable medicine and the mammon of quackery.

Nitro-glycerine---Supposed Dangers From its Use in Medicine.

OUR readers may possibly recall the paroxysm of fear into which certain of our English brethren affected to work themselves, on the introduction of nitro-glycerine as a therapeutic agent. The direst calamities were predicted should it come into general use in medicine. Chemists' shops (drug stores), it is said, would become explosive mines, and visions of detruncated victims and detached limbs on aerial voyages, were conjured up as frightful warnings against the use of this agent. It was even gravely intimated that the taking of the drug into the system would seriously endanger the life of the individual by rendering him liable to explode in being jostled by a crowd, by sitting down suddenly, or anything else calculated to agitate him physically. It is but just to say, however, that the tests to which the pill-mass containing nitro-glycerine have been subjected by Dr. Murrell and others, have removed all suspicion of danger, and medicinal preparations containing this substance are no longer avoided because of suspected liability to explosion.

The following clipping from a daily paper presents the ludicrous aspect of the fear above referred to:

"'See heah boss!' exclaimed Uncle Abe, as he watched the druggist carefully, 'aint ye makin a leetle mistake dar? Dis niggah done learn to read, an' 'pears to me dat it says 'Nitro Grycerum Pill' on dat bottle. *What if it duz?* du ye say? Well, now I just think it makes a heap o' difference. Dem last pills ye guv me jist made me git up and dust, and now if I take grycerum pills, dar won't even be dus' left. I don't bleeve ye understan wat powerful med'sin dat are. Ye needn't put it up, sah; I wouldn't tetch it! I'd be fear'd to carry it roun' wid me.

De doctor ordered it? Yes, I knows he did now, and I knows why. Dat man's bin laying a trap fur me ever sense las' winter. I was doin' his chores roun' de barn, an' two of his pure blood chickens followed me home, an' nex' mornin' 'Liza diskivered 'em in de wood shed wid dar feet friz, so she jest made a pie of 'em, an dat same Doctor King was weak min'ed 'nough to think I coaxed dem birds home wid me. *Don't know much 'bout dat grycerum med'sin*, duz ye? Better set it down, an' set it down kind o' easy too. Fact is I doan' like to stay whar dat med'sin am kep'. *Good med'sin, did ye say?* Yes' cause ye'll never need any mo'. One dose is all ye want. Ye'll be cured suah, specially ef some one runs agin ye and jars ye a little, or ye stubs yer toe an' falls down. Hit won't bear no foolin' wid, dat med'sin won't. Dat ole King said de subscription was suah to kill or cure, and he was mighty right. We used dat nitro grycerum over in Wes' Virginny to dig ile wells wid, but I never knowed dey made pills of it afore. Jis' han' me back dat subscription. I'se goin' down dis minit to show it to de Squier, an I'll get out a replevin for dat Doctor King afore dark. I think dat subscription'll send him up, I do! Uncle Abe Jinkins am't de man to set down an' have his self blowed all into pieces in cold blood, an' all jist on account of two chickens follerin' him home!' And the old man took his prescription reading—'Nitro-glycerine Pills (P. D. & Co.'s). No. X. Signa—one at bed time'—and departed for the office of Esquire Worthington."

Book Reviews and Notices.

A Practical Treatise on Impotence, Sterility, and Allied Disorders of the Male Sexual Organs.

By Samuel W. Gross, A. M., M. D., Lecturer on Venereal and Genito-urinary Diseases in the Jefferson Medical College of Philadelphia; Surgeon to and Lecturer on Clinical Surgery in the Jefferson Medical College Hospital and the Philadelphia Hospital; President of the Pathological Society of Philadelphia; Fellow of the Academy of Surgery of Philadelphia, etc., etc. With sixteen illustrations.
Philadelphia: Henry C. Lea's Son & Co. Detroit: Thorndike Nourse.

Impotence and spermatorrhœa have been commonly described as functional diseases of the testicles. The observations of the author go to show that they usually depend upon reflex disturbances of the genito-spinal centre, and are almost invariably induced or maintained by appreciable lesions of the prostatic portion of the urethra, which, as they may not be perceived by the patient, are frequently overlooked by the physician. The author believes that a more extended knowledge of these pathological facts will afford a more rational and simple basis of treatment. Impotence has generally been applied to an inability of the male to procreate, while sterility has had the same application to the female. The author applies both terms to the male and claims that the abnormal conditions of the semen, in which it is deprived of its fecundating properties, causes sterility in the male, and, although the results of unfruitful marriages have been charged mostly to the female, yet he claims, from the opinions of the most prominent writers on gynecology in this country, that the male is at fault in at least one instance in every six.

The causes, and how to remedy them in the male, is the substance of the book, and they are discussed in four chapters: 1st, Impotence; 2nd, Sterility; 3rd, Spermatorrhœa; and 4th, Prostatorrhœa.

To give extracts from the work would be only tantalizing to the reader. We should have him read it all and study it. The book is an octavo of 170 pages, with a full index, and is a very readable and scholarly production.

A Text-Book of Practical Medicine,

With particular reference to Physiology and Pathological Anatomy. By Dr. Felix Von Niemeyer, Professor of Pathology and Therapeutics; Director of the Medical Clinic of the University of Tubingen. Translated from the eighth German edition by special permission of the author, by George H. Humphreys, M. D., one of the Physicians to Trinity Infirmary, Member of the New York County Medical Society; Fellow of the New York Academy of Medicine, etc., and Charles E. Hackley M. D., one of the physicians of the New York Hospital and Trinity Infirmary; Member of the New York County Medical Society, etc., etc. Revised edition in two volumes.
New York: D. Appleton & Co. Detroit: Thorndike Nourse.

The last American edition of this work appeared in 1871, and in the same year Prof. Niemeyer died. Since his death the text-book went through another German edition under the editorship of Dr. Eugene Seitz. Many changes were made in the text by Dr. Seitz, but in so doing much of the charm and graphic description peculiar to the original was sacrificed for the sake of brevity.

The present edition adheres as closely as possible to the original with such additions to it from other sources as seemed calculated to render the work more useful to the American reader. Short articles have been inserted upon chronic poisoning by alcohol and morphine, as well as upon wandering spleen, Paralysis Agitans, Scleroderma, Elephantiasis Græcorum and Progressive, Pernicious Anæmia. A chapter has also been added upon Yellow Fever. Additions made to this edition have either been incorporated in the text, enclosed in brackets or placed at the end of their respective sections. The great value of this practice of medicine lies in the prominence given to pathology and physiology of which the talented author was a master. The therapeutics is not of the extreme German school, and the present editors have conformed that for practical American use. The work is a valuable one and should be in every library.

HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE.

Edited by D. G. Brinton, M. D. Part 28, July, 1881. Third series, No. 4. Per annum, in advance, $2.50; single numbers, $1.50.

The Compendium gives a synopsis of the American and foreign literature of medicine, surgery and the collateral sciences for every six months. Send for a copy to D. G. Brinton, M. D., publisher, 115 South 7th St., Philadelphia, Pa.

Pamphlets Received.

Martin's Chemists' and Druggists' Bulletin. Devoted to Pharmacy, Medicine and kindred interests. Vol. 1, No. 1 New York, July 4th, 1881. Address, 46 Cortland St., New York City. A very useful monthly on the subject upon which it treats.

Trichinæ, How to detect them and how to avoid them. Being a popular account of their habits, modes of propagation and means of assemination. Intended for the use of farmers, butchers, pork dealers and consumers of pork. By John Phin, Editor of the "American Journal of Microscopy," Rochester, N. Y. The Bausch & Lomb Optical Company, 1881. Illustrated. A valuable little essay.

The Remedial Properties of the Hot Springs, Arkansas. Also a consideration of the locality as a resort for phthisical invalids. By Chas. H. Lothrop, M. D., Lyons, Iowa. Read before the Iowa State Medical Society at Dubuque, May, 1881.

Announcements Received.

Annual Catalogue of the State Agricultural College of Michigan, Lansing.

Annual Announcement of the Department of Medicine and Surgery of the University of Michigan, Ann Arbor, 1881-2.

Twenty-third Annual Announcement of the Chicago Medical College, Chicago, 1881-2.

Forty-fifth Annual Announcement of the Medical Department of the University of Louisville, 1881-2.

Second Annual Announcement and Catalogue of the Northwestern Medical College, Saint Joseph, Missouri, 1881-2.

Sixth Annual Announcement of the Medical College of Fort Wayne, Indiana, 1881-2.—College of Physicians and Surgeons, Keokuk, Iowa, 1881-2.—Medical College of Indiana, Medical Dpeartment of Butler University, 4th Annual Announcement, 1881-2.—California Medical College, (Eclectic), Oakland California, 1881-2.—Detroit Female Seminary, 1881-2.—Detroit Medical College, Order of Exercises, 1881-2.

Therapeutic Progress.

A REPLY TO AN OPPONENT OF NEW REMEDIES.—Dr. F. L. Hinsdale, of Kewanee, Ill., gives, in the Peoria Medical Monthly, for August, the following reply to an article which appeared in the same journal for July, by a Dr. Hensley, on the general subject of new remedies. The reply, while disposing of the objections, shows up the inherent weakness of a fair representative of the class who object to the addition of new agents to the materia medica:

The article in your July number entitled "Confusion Worse Confounded," while it contains many truths, seems to me to be in error in so many points and so behind the age as to merit a friendly criticism.

While nothing can be said in extenuation of the adulterations so common in food and drugs, still I think the writer carries it too far in saying, or implying at least, that all the modern improvements are frauds, and advocating the return to the old *regime* of jalap and rhubarb. Only add the lancet, calomel and blistering, and you are back to the school of fifty years ago.

What would our agricultural friends say to a return to the old wooden mould-board plow? Or threshing their grain by tramping it out with oxen as our ancestors did? It seems to me as absurd to strike out all the new and elegant pharmaceutical preparations that have deservedly grown into such general use. I think the use of medicines of more attractive and palatable forms has taken the strongest argument from the humbug of homœopathy, "that the medicines of the regular school were so nauseating and disgusting as to prevent their being taken by many." Can there be any progression in medical science if a routine practice is established and the same remedies used from generation to generation?

The doctor says: "It is our duty to prove all things and hold fast to that which is good." In this I agree with him, but how are we to know which is good if we condemn them all in this wholesale manner? Many of the new preparations are comparatively unknown and untested, but is it the part of a progressive practitioner to condemn them in a body, and refuse to try any and everything until somebody has demonstrated the use of it? What progression would be made if all should adopt this course? Is it not like learning to swim without going near the water? "Is rhamnus purshiana better than jalap or rhubarb?" I think that the majority of physicians will uphold me in saying that in cases of chronic constipation it is far superior. "Is rhus aromatica equal to hydrargyrum biehloride in diabetes?" I think it is fully equal in diabetes inspidus, and superior in

cases of incontinence of urine, but in diabetes mellitus neither have given very flattering results.

Yerba santa is certainly equal to potassium iodide in cases of laryngitis and bronchitis of non-specific origin, and has none of the unpleasant effects. If the laryngeal trouble arose from "specific" origin, we would not think of relying upon yerba santa, but in that case the potassium iodide would have the preference. "Is damiana entitled to prominence as an aphrodisiac?" I think so. Have heard it highly spoken of by physicians who have prescribed it, and in one case in which it was used the patient's husband said it was a good thing, but some time afterwards met the doctor and said, "Doctor, I think my wife is better, but for the Lord's sake don't give her any more of that medictne." Jarborandi is, I think, an excellent diaphoretic and sialogogue, Of "tonga, lippia mexicana and such," I know nothing, not having used them, but I see that Dr. Sidney Ringer has recommended tonga in cases of neuralgia, and that proves it worthy of a trial, at least.

Now, let me ask, isn't the doctor decrying remedies without having given them a fair trial? Now in regard to fluid extracts. I apprehend as much dependence can be placed upon the goods of first-class chemists (as Parke, Davis & Co., and others that might be mentioned) as upon the crude drugs obtained at the drug stores, which have been kept in stock for an indefinite time and deteriorated from age and exposure. What guarantee has the doctor that "our own pharmacist" may not be seized with the same desire to make the most of his stock, and run the fluid extracts or tinctures out "pretty thin?" Honesty is not confined entirely to the "rural districts." If we find that we are being imposed upon by any manufacturer, it is easy enough to decline to use his goods. But don't condemn the whole class because some dishonest persons have gone into the business. The doctor asks, "Will twenty-two drops of fluid extract of ipecac produce emesis?" It will in some cases, but we don't always use ipecac as an emetic. If the crude drug is the most certain emetic, why, use it, but when we desire it as an expectorant, I think we can get as good results from the fluid extract. Some portions of the doctor's arithmetic are amusing, and show carelessness hardly excusable in an article written for the benefit of the medical association. There are only 437½ grains in an ounce of quinine (instead of 480, as he gives it in his article), as it is put up by avoirdupois weight. But a physician or druggist would show very poor judgment that bought 500 two-grain quinine pills for $10, when the same amount of quinine would have cost more than that. He might be certain that he was buying something substituted for the more expensive article. It would seem as though the doctor desired to be humbugged. Still more ridiculous is the gentleman's statement that fluid extract of cascara sagrada declined 200 per cent! It would cause a school-boy to smile, I think. It wouldn't make much difference what price was asked for the goods if they make a discount of even 100 per cent., I would like to lay in a large stock of drugs on those terms. It makes me think of a small boy that came into a drug store the other day and said, "Say, mister, have you got anything to sell for nothing?" Any one of ordinary intelligence can see that 100 per cent. discount means taking it all off, and tha 200 per cent. discount is equivalent to giving a man a dollar in money for taking a dollar's worth of goods. I've never been able to buy goods on such favorable terms.

The doctor asks, "Who ever saw a case of real phthisis cured with cod liver oil or extract of malt?" Echo answers, "Who?" But who ever saw a case of "real phthisis" cured by any drug? But in some instances these remedies give a certain amount of relief, and even if it is temporary should we discard them until we find something of more value? Again, he says we should rely wholly upon sulphate of quinia, and discard all other preparations of Peruvian bark. In some cases quinia sulphate is undoubtedly the best, but is that any reason why we should throw away sulphate of cinchonidia, suphate quinidia, sulphate cinchonia and cincho-quinine, that in many cases act equally as well as the sulphate of quinia, and have the advantage of being much cheaper. The doctor mentions hypophosphates several times in his article. Our professor of chemistry taught us that there was no such term. He probably means hypophosphites. Let us endeavor to promote the general welfare of the profession, and keep up with the march of improvement, so that the science of medicine shall take, as it deserves, the front rank among sciences.

Hot and Cold Water as Therapeutic Agents. —Not that this is a new subject, or that I have anything new to offer; but, because I believe that water is used by a majority of the profession without a clear discrimination of its effect at different temperatures, I present this paper.

The results of its application to the human body or any part of it, at different temperatures (which for convenience we will term hot and cold) are diametrically opposite.

They are both hæmostatic; but the one is transitory, the other permanent. They both arrest hemorrhage by contraction of the blood vessels, the one permanent the other transient.

The primary effect of cold water is contraction. It is prompt and efficient, for the time being, but the parts soon become tolerant, and when it is continuously applied it not only fails, but favors a return of the hemorrhage, because the secondary effect is relaxation of the vessels. All who have used ice or cold water in post partum hæmorrhage, know that it can be relied on only for a short time. The action of hot water is just the reverse of this.

The primary effect is to relax the parts, but this is brief, while the secondary is to contract and is permanent.

We conclude, therefore, that while to some extent they may both be termed hæmostatic, the hot water is the better because of its permanency. With this consideration of their original effects, we are prepared to examine their claims as antiphlogistic remedies. In inflammation we have hyperæmia; too much blood. If it is true, as I claim, that cold water continuously applied, will invite the blood to a part—the theory, that cold or ice water should be constantly used for the purpose of controlling inflammatory action, either

idiopathic or traumatic, is incorrect. The only desirable effect that can be obtained from cold water thus used is to reduce the temperature, but this increased temperature is not the disease, it is the result of the hyperæmia, and this the cold increases.

However desirable it may be to have this lowered, it should not be done with any agent that determines a flow of blood.

The hot water, whether in the form of poultice, douche, or pack, not only reduces the temperature but retards the flow of blood, and hence is the only logical form in which to use water as an antiphlogistic agent. I assume that this is the true principle by which to be governed, whether the inflammation is in the brain, with its meninges; in the throat, as in true croup; in the chest, in the form of pleuritis or pneumonia; or in any of the abdominal viscera.

That is to say, wherever inflammation is found and it is thought advisable to use water, it should be warm or hot. I do not mean to say that it should be used in either form in all cases.

The profession has never been able to impress the popular mind, that iced water was the best for a wound. Many persons know that if you desire to warm cold feet on retiring at night, the surest method is to bathe them in cold water.

The reason of this is obvious. The blood by the application of cold is circulating through the capillaries with increased rapidity.

The application of hot water for the purpose of driving the blood from a part, and cold for inviting it thereto, would make quite a revolution in the use of this therapeutic agent. It has been the practice in all cases of amenorrhœa, or scant menstruation, to have the patient bathe her hips in warm water for the purpose of restoring the menses.

Now, if inflammation or congestion exist, certainly it is good practice and good theory; but in greater number of cases, on the contrary, the reverse exists, and the organs of the pelvis, if not in anæmic condition, to say the least, need an increased circulation. It is, in this character of cases, that Athill and Emmet so logically recommend the use of the cold hip bath, or ice water spinal bag, and in accord with the same principle, use the hot bath and hot water spinal bag for controlling menorrhagia. This the profession as a whole have been slow to practice.

This agent finds a more extensive application in many cases of exhaustion or great prostration, as in the collapse of cholera, or in heavy congestion of internal organs with their concomitant depression of the nervous system; in the latter stages of long continued fevers, with cold extremities and pulseless wrists. All these find a potent remedial agent in the cold sheet or bath.

There is, perhaps, no remedy so sure to produce reaction in the general system, resulting in warming the cold extremities and restoring the circulation as cold water. Soon after I began practice, in 1859, I learned by experience that alcoholic stimulants, mustard and hot appliances, etc., were worthless when used for such purposes. The following case will illustrate this:

Ten years ago I was called to see J. R., æt. 27 years. He had been suffering for ten or twelve hours with malarial congestion of the stomach and liver. He was vomiting incessantly; circulation rapid and thread-like, extremities cold, the skin upon the hands shrunken, pale and clammy. He also complained of burning thirst. I cupped the spine, applied mustard and hot wet blankets to the feet and legs, and gave him whisky, opium, quinine and calomel, without effect. He grew worse. I now proposed to give him the cold wet pack, which was reluctantly agreed to. The bed was prepared by spreading a thick woolen blanket over it. A sheet wrung from the coldest spring water was spread upon the blanket, and the patient divested of all his clothing was placed upon the sheet, and it wrapped closely around his body from his throat to his feet. The blanket was drawn around him and all covered with the ordinary bed clothing. In an hour another similar sheet was applied, simply by opening the first and wrapping up as before. Under this treatment the circulation became stronger, the extremities warm and the stomach quiet. After the reaction he was given quinine, and had a safe recovery. One other case will illustrate the use of hot water in the arrest of hemorrhage. In 1874 I was called to see Mrs. W. She was under the care of a midwife who had delivered her some hours previously of a fœtus at four months. Soon thereafter, hemorrhage began, and although she had been given ergot until her stomach would no longer retain it, and cold water was kept applied until the bed was wet and the patient shivering with cold; the bleeding continued. When I saw her she was pulseless and exceedingly restless. I gave her one-half grain morphine and had the napkins which had before been used cold, wrung from hot water as dry as possible and applied as hot as the patient could bear. So soon as she became quiet I introduced a tampon which had been saturated with hot water. She had no further hemorrhage. She informed me that in each of her three previous confinements she had post-partum hemorrhage.

Let no one infer that I rely on this remedy alone for any purpose. I only desire to place before this society, that which I conceive to be the proper mode of discrimination in its use. Where thus used it is a reliable adjuvant in the treatment of any case where water is indicated.—Prof. J. S. Nowlin, in *Southern Practitioner*.

Cocculus Indicus in Epilepsy.—Opinions are conflicting as to the utility of this drug as a remedy for epilepsy. It is not an agent in common use, nor one extensively studied, as indicated by the dearth of literature upon it. Some recent text books mention it briefly, but in so slight esteem has it heretofore been held as a remedy adapted for internal administration, that in the last edition of Wood and Bache, the statement is made that it is never given in this manner. The late National Dispensatory, however, cites authorities that claim for it great efficacy in the treatment of epilepsy. Sixteen recoveries under its use are said to have been reported by one observer, who asserts that the only exceptions to its curative value, are cases of inveterate and long standing disease. A study of the effects of the drug, as administered in several cases under his observation,

has convinced the writer that cocculus indicus possesses remedial value in the disease, and it is with the desire of calling the attention of the profession to the importance of the drug as a therapeutic agent, that this paper is presented to the society. All will admit with regret, that ill success, as a rule, attends our efforts to cure epilepsy. Leaving out of consideration those cases where a reflex or traumatic cause for the disease exists, of a temporary nature, or removable by surgical measures, our resources in the treatment of epilepsy are limited to the administration of a few well-tried remedies, the effect of which is, as a rule, but to temporarily ameliorate symptoms, or to postpone convulsive seizures, and not to arrest the progress of the disesse. Those cases of epilepsy occurring as sequelæ of certain acute diseases, in which convulsions persist and the habit seems to become formed (so to speak), as likewise those of spontaneous origin, occurring in both sexes at or about the period of puberty, are difficult to control, and frequently defy all measures adopted for their relief. The course of the disease is well known to every practitioner of medicine, and to detain you with a description of how progressive impairment of mental integrity occurs, terminating in many cases in hopeless dementia, would be but to recite details familiar to you all, and is without the scope of the present paper. It is in order, however, for me to refer briefly to the mental disorders common to many epileptics, as it is to the class in which these disorders prevail that my experience with cocculus indicus is confined.

The cases received at the asylum are, as a rule, those of chronic confirmed disease, requiring seclusion and restraint of liberty in consequence of great mental enfeeblement or propensities which render them dangerous to society. They are cases in which outbreaks of maniacal fury occur at stated intervals in definite relation to epileptic seizures. Or again, those in which profound depression follows the convulsive seizures, and suicidal propensities are developed. They are almost, without exception, extremely irritable, disposed to do impulsive acts, and deficient in self-control. In each mental impairment is more or less strongly pronounced, and all are regarded unhopeful in respect to prognosis. The majority of these cases have been under medical treatment for years, and almost all of the orthodox medicines have at one time or another been administered, the hope of cure ultimately being abandoned. Under these circumstances, it is not surprising that we have no recoveries to report. The fact remains, however, that striking results have followed the use of cocculus indicus in a certain class of cases, and the query arises, would these patients have been benefited permanently by the same line of treatment instituted at an earlier period? Of ten cases of epilepsy in its various forms, five were found to have derived substantial benefit. It will be observed that a striking similarity exists between the symptoms manifested by each.

B. M., age 37, male, was admitted to the asylum in January, 1880. He possessed a neurotic organization inherited from his parents, who were cousins. One of his brothers is a deaf mute, another brother and sister are partially mute. He himself was never bright, and had no education, but was able to assist in providing for himself until five years ago, at which time he received an injury while logging. Shortly afterward he began to suffer from convulsions. At first, they occurred once in four or five weeks. Later they became more frequent, and at the time of admission came on twice a week. He was placed in the institution, owing to pyromaniacal and homicidal impulses, and was brought securely tied with straps and in a very much excited state. Convulsions were very frequent after admission, and attended by great mental confusion. He was also extremely irritable and impulsive, was subject to hallucinations of vision, and entertained persistent delusions of suspicion and distrust. Once in four or six weeks, with great regularity, he would undergo an attack of maniacal excitement. During an outbreak there would be utter absence of self-control, active delusions, untidiness of person, and an augmentation of the unpleasant characteristics noted. He required restraints to prevent homicidal acts, and was rendered furious by the sight of visitors. Paroxysms lasted as a rule, for more than a week, and upon their subsidence confusion, vague delusions of apprehension and excessive irritability would persist for a longer period. At these times he would prefer charges against the attendants and his fellow-patients, and in an earnest manner recite the details of various beatings undergone at their hands, usually terminating the recitals by the solemn assertion that they chopped his head off and killed him many times. He did but little work, his relations with the patients were unpleasant, and his condition demanded great care on the part of the attendants. Six months ago the administration of cocculus indicus was begun by the exhibition of one fourth drop of the fluid extract three times a day. The amount was gradually increased. About four weeks from the time the prescription was made, at about the regular time for an attack, he was threatened with maniacal excitement, mental confusion existed in a greater degree and self-control was diminished. This condition was of very brief duration, and terminated without any actual outbreak. Two weeks later a similar condition was observed, but again active excitement was happily averted. His mental action constantly improved, he began to show an interest in other patients, gave considerable assistance in hall work, became less irritable, and was able to exercise self-control, even under provocation.

In the middle of November, four months from the time the prescription was made, he suffered from a mild attack of excitement. Its duration was brief. After this attack there was no further outbreak for nearly five months. The seizure which then occurred was like the preceding one, short, and attended with less complete absence of self-control. He is now taking 1¼ drops of fluid extract cocculus indicus three times a day. The aggregate number of convulsions in any month is materially decreased. His attendant notices that the attacks are less severe than formerly, and that mental confusion does not last as long thereafter. He also speaks of what is plainly apparent to all, that many of his former characteristics are changed. He continues an industrious, pleasant man, and rarely occasions trouble in the hall.

If we accept the view that the essential condition of an epileptic attack is primarily vascular spasm, by which sudden localized anæmia of the brain is produced, a satisfactory explanation of the action of cocculus indicus is, that as a vaso-motor paralyzer, its influence is to keep the cerebral blood vessels in a state of permanent relaxation, thereby preventing the occurrence of anæmia. Experimental observation has demonstrated that its influence is chiefly exerted upon the cardiac and vascular systems. The conclusion reached from my own experience is that those patients in good bodily health, whose convulsive seizures are accompanied by maniacal excitement, seem to be the ones most likely to receive benefit.—*Dr. C. B. Burr, in Detroit Lancet.*

Patented and Trade Marked Medicines.—In a recent number of this journal attention was called to a resolution on the subject of patented and trade-marked medicines, offered at the last meeting of the American Medical Association; and the purport of the resolution was that the code of ethics should be so amended as to require (with certain exceptions) that physicians should be compelled to repudiate them. It was stated in the editorial alluded to, that, as patent and trade marked medicines were not of secret but of well-known composition, no legislation was necessary, as no physician would purchase such expensive compounds, when their nature and ingredients being known, similar but far more reasonable compounds could be prescribed. It was believed at that time, that all manufacturers and others seeking patents or trade-marks for medicinal compounds were required to file "a sworn to statement" as to the working formula for making such mixtures; and that as every physician could obtain a copy of each formula and so learn how to produce mixtures therapeutically, if not actually identical, there was no necessity for his using such patented or trade-marked medicines; and that therefore legislation to prevent his doing so was useless and superfluous.

It has been learned from the best authority that though "the working formulas" are sworn to, when applications for patents and trade-marks are made, the working formulas submitted are not reliable; and that if used will give anything else than the compound expected. That is to say that no one using such formulas can make the compounds patented or trade-marked.

Such being the case, physicians can not in this way obtain the desired information, and as very many of the profession have a mania for prescribing medicines alleged to have miraculous powers (patent medicines) it is really best to check the professional use of such stuff by placing upon such prescribers of it the manacles of the law; preventing their use of such material by force; that force being an amendment to the code of ethics.

These facts, kindly given to this journal, place the whole matter in an entirely different aspect; and it is manifest that if the resolution offered in Richmond will prevent by law (the code of ethics) the use of these patented preparations by physicians, the adoption of the resolution and the amendment of the code are much to be desired.

The Journal makes this statement with pleasure, as it supports, in heart and soul, all men and measures calculated to check the existence or development of quackery in the medical army. And certainly there is no quackery more rank and rampant, more degrading and contemptible than the encouragement and use of "quack" medicines by otherwise respectable members of the profession. The quackery of giving testimonials in behalf of patent medicines (because such testimonials become wide-spread advertisements of the givers) is bad enough, base and lamentable enough, but to use such medicines is a manifestation of quackery, and a support of it infinitely worse.

If the resolution described can prevent all this, let it be passed as soon as possible. If it can be a manacle for those who need such manacles, complete it without delay.—*American Medical Bi-Weekly.*

Curious Sanitary Discoveries.—A municipal laboratory was not long since opened to the public in Paris, and many of its discoveries have been as curious and unexpected as they promise to be useful. For a small fee anybody can have analyzed samples of food, drinks, or anything connected with public hygiene. Among the articles in which adulteration was chiefly detected were wine, butter and milk. The adulteration of wine consists principally of its being colored with fuchsine, and in many cases it does not contain a particle of the juice of the grape. Milk is deprived of its cream, and abundantly watered, and butter is frequently composed of anything but the ingredients of milk. Several samples of butter were found to be made with oil or suet, which were easily separated, and shown to the visitors who accompanied the Prefect of the Police to witness the experiments that were being performed in the laboratory. A sample that was exhibited as cream, which appeared as natural as possible, and of excellent flavor, was declared to have been manufactured with the residue of some red dye, mixed up with oil and sulphuric acid, in certain proportions. Some children's toys were examined, and those painted with red and blue were almost always found to contain poisonous substances, consisting principally of lead and copper. Even articles of perfumery were examined, which brought to light the most extraordinary examples of the skill brought into requisition for the accomplishment of fraudulent practices, for in several samples of scents of the most exquisite perfume they were found to be manufactured with other material than the essential oils of the flowers which they were intended to represent. Dut the most important discovery made was the presence in the nipples of some feeding bottles of a mass of vegetation, of cryptogamic nature, which, according to Dr. Faurel, bears a great analogy to the aphthous condition of the mouth frequently found in infancy, and he has induced the Academy of Medicine to investigate the matter, as he believes the condition referred to to be the origin of the intestinal affections, and particularly that form called "athrepsia," to which infants brought up by the bottle are subject.—*Med. and Surg. Reporter.*

DIPHTHERIA AND ITS TREATMENT.—M. Constantin Paul ends his review of the methods of the treatment of diphtheria, brought before the Societé de Thérapeutique during the year 1881, in the following terms:

"Diphtheria and diphtheritic poisoning still remain one of the pre-occupations of therapeutics. This year, like the preceding, the results of many new experiments undertaken by members of the society, have been laid before you.

"First, the treatment of the diphtheritic patches by the bromide of potash, by M. Peyraud. M. Cadet de Gassicourt, who repeated conscientiously the treatment of our colleague, has shown, in a very interesting report, that bromide of potassium does not constitute, any more than chlorate of potash, or cubebs, a medication sufficiently efficacious to warrant the belief that we are at last able to control this scourge which has proven so redoubtable for young children and those who nurse them.

"The same must be said of the treatment of M. Brame, cauterization with the iodide of silver; of that proposed by M. Perati, cauterization with carbolic acid and camphor; of that of M. Bergeron, with fluorhydric acid, which had as advantage, that it might be applied almost at distance, without demanding the docility of the child, so difficult to obtain for applications to the throat. Will we be more fortunate with pure carbolic acid, which has been recently proposed by M. Bournonville?

"It is necessary to say this year, as we concluded last year, that the best treatment in diphtheria is to sustain the forces of the patient by stimulants, particularly alcoholic stimulants; to disembarrass the throat of false membranes by removing them mechanically, when possible; and to perform tracheotomy, in case of obstruction, if the strength of the subject permits.

"Chlorate of potash, cubebs, carbolic acid, camphor, fluorhydric acid, lime water, and tartaric acid, are of use in diphtheria without toxic symptoms, but are insufficient remedies."—*Med. and Surg. Reporter.*

APOCYNUM CANNABINUM AND ANASARCA.—Bright's disease is becoming the fashionable disease to study, more especially since Charcot, who sets the fashion for many physicians in the United States, has been paying much attention to it. These studies have been chiefly pathological and symptomatological. However, many independent observers have dealt with it from the therapeutical aspect, and Dr. J. S. Dabney (New Orleans Medical Journal) has found, he claims, that apocynum cannabinum is one of the best diuretics and hydrogogue cathartics that can be used in the disease, as it causes not only marked diminution of the anasarca, but also decrease of the albumen and casts. He claims for it certain advantages: 1. A small quantity only is necessary to produce diuresis, emesis, or catharsis. 2. It has an agreeable aromatic taste. 3. It has tonic properties. 4. It is harmless, free emesis resulting on an overdose. While many of these claims seem rather strained, still there appears to be but little doubt that the remedy is of much value in ascites, anasarca, and allied conditions.—*Chicago Med. Review.*

A SENSIBLE REMEDY FOR SEA-SICKNESS.—A correspondent to the Scientific American says that his first sensation on reaching the ocean was that of being in a very high swing. The same sensation of nausea immediately exhibited itself. It struck him at once that probably the same means adopted to overcome the sickness in the swing would prove effective on the sea—that was, to force the swinging. He therefore watched the motion of the steamer, and as she was about to descend, he made an effort as though to force her down. Continuing this for a short time the feeling of nausea disappeared, and he had no recurrence of it during either voyage, separated by several months' duration.

This probably explains why boys who first go to sea (as apprentices) never remain sick long. They are made to work, sick or well, sometimes being kept on deck extra as a punishment for being sick. They naturally and instinctively follow the motion of the ship in order to keep on their legs, and as a result the unpleasant sensation soon vanishes.—*Medical and Surgical Reporter.*

NOSTRUMS IN THEIR RELATION TO PUBLIC HEALTH.—Albert B. Prescott, M. D., F. C. S., in an able article on this subject published in the Physician and Surgeon, says:

It may be submitted now that the use of patent medicines without a knowledge of their composition does injury to the health of the people:

1. Because they may, and in fact sometimes do, contain powerful or poisonous articles unsuspected.

2. Because they always may be, and often are, inert, and become a false reliance to the neglect of other and due measures in the care of health.

3. Because they are liable to be changed in composition, so that any experience of their effects, as they are purchased at one time, is not conclusive as to the same-named articles purchased at another time.

4. Because it is submitting disease to the treatment of a distant and irresponsible stranger and hazarding health in an apparent game of chance.

5. Because they are trusted to act as antidotes in the sense in which no medicines can so act.

6. Because they favor excessive recourse to medication, and thereby increase the resort to physicians and intensify the demand for the physicians to give medicines whether needed or not.

7. Because their analysis shows the greater part of them to be given with multiplied falsehood, and the patronage of falsehood must be demoralizing both to the mind and to the body.—*Louisville Medical News.*

MAY IODIDE OF POTASSIUM EXCITE BRIGHT'S DISEASE?—In view of the very large doses which have been advised, and are frequently administered in the treatment of syphilis, the question whether iodide of potassium may excite Bright's disease becomes one of considerable importance. In the American Journal of the Medical Sciences for July, 1881, Prof. I. Edmondson Atkinson, of the University of Maryland, calls attention to the large proportion of cases treated for advanced syphilis

that present, after death, evidences of marked kidney disease; and, in this connection, to the fact that syphilitic renal disorder in its characteristic lesion, the gumma, is comparatively rare, while the forms the most frequently encountered are not in themselves syphilitic. In searching for a cause that might produce these changes quite independently of the syphilitic poison, Dr. Atkinson concludes that since iodide of potassium has decided diuretic action, and, as is known to clinical observers, may cause both albumen and casts to appear in the urine, the continuance of this remedy in some cases might lead to the changes observed. He therefore made a series of observations upon 70 cases of late syphilis, of which 19 presented evidences of renal alterations more or less grave. The relation existing between the administration of iodide in these cases, and the appearance of mucous or hyaline casts and albuminuria, was quite evident; as in a number, the abnormal elements gradually disappeared after the cessation of the remedy. The condition appeared to be catarrhal in character, and the casts were the results of renal irritation. In no case, however, was extensive parenchymatous inflammation of the kidneys excited; but an obvious syphilitic disorder of the kidney in one case disappeared under the full and systematic use of the iodide. The author's conclusion is that while the evil effects of the iodide of potassium are small, and for the most part transitory, the occurrence of more severe alterations is not impossible, nay is probable. To these evil effects some individuals are more susceptible than others.—*Ohio Medical Journal.*

Hygienic Treatment of Biliary Calculi.—In the Bulletin de Thérapeutique, Prof. Bouchardt gives the following rules: 1st, Abstain from bread, eggs, nitrogenized aliments in excess, tomatoes, strong liquors, from fish, oysters, etc., from old cheese. Instead of bread make use of potatoes, and take ordinary vegetables containing potash in preference to those containing soda. Make an indirect alkaline medication by using fruits containing malates and citrates. 2d, Keep the bowels in a soluble condition, taking a tablespoonful of tartrate of potash or soda, or of sulphate of soda in lemonade or orangeade, each morning. 3d, Moderate exercise. 4th, Render the cutaneous secretions more active by frictions, etc. One to three baths weekly, containing:

℞. Potass. carb., ʒ iij.
Ol. lavand., ʒ ss.
Tr. benzoin, ʒ j.

followed by prolonged frictions and massage. 5th, (a) In order to induce expulsion of the calculi, small doses of spr. terebinth, and of ether in capsules, either at meals or preferably, between meals. (b) To prevent the formation of calculi, for ten days, before the morning and evening meal, a pill containing one decigram (gr. jss) of tartrate of potash and lithia; during the ten days following:

℞. Potass. acetat., ʒ v.
Syr. sarsæ comp., ʒ xij.

Sig.—Tablespoonful morning and evening.

Then, for ten days, a quart of water daily, containing ten grams (ʒ ijss) of Rochelle salts.—*Med. and Surg. Reporter.*

Treatment of Diabetes Mellitus by Salts of Ammonia.—The treatment of diabetes mellitus with chloride or citrate of ammonia (recommended by Adamkiewicz, and said by him to reduce the sugar in one case as much as one ounce and four-fifths daily) has been repeated, but without satisfactory result (*Zeitschr für klin Med.*, Heft 3, p. 610), by Guttmann, in the case of a patient passing 6.4 per cent of sugar in the urine. During the six days previous the patient passed, on an average, 152 ounces of urine daily, containing nine ounces of sugar; while during the five days that the ammonium chloride (two and a half drachms daily) was taken, the average daily amount of urine passed was 228 ounces, containing 14½ ounces of sugar, *i. e.*, 5½ ounces more sugar were excreted daily than before. In subsequent trials of five and three days each with the chloride and citrate of ammonia, the amount of sugar diminished only slightly—half to three-quarters of an ounce a day.—*British Medical Journal.*

Phosphate of Soda in Cramp Colic.—Dr. Taylor recommends (Medical Herald) phosphate of soda, thirty grains three times a day in cases of recurring attacks of cramp colic. The dose should be diminished if it gives rise to intestinal irritation. It should be given half hour before meals in a glass of water.—*Physician and Surgeon.*

New Remedies.

Amyl Nitrite, a Powerful Cardiac Stimulant.—The action of digitalis on the heart was, for many years, invested in doubt, and it was a disputed point between two factions of therapeutists as to whether it was a cardiac stimulant or a cardiac depressant, and it was not until the experimental therapeutist came to the foreground, with his convincing evidence, that this vexed question was finally decided, and the drug placed in its proper physiological classification. The amyl nitrite seemed prone to undergo a similar controversy, for, on looking over the literature on the subject, opinions are found which are as diverse as they well could be, and deductions made which are inconsistent with the results of experiments, and contrary to facts revealed by a more thorough consideration. Wood ("Therapeutics," 1879, p. 348), after studying carefully the experimental papers accessible, concludes that "the whole evidence seems to show that the sudden, thumping, rapid stroke of the heart which is so clearly produced by the nitrite of amyl in a man, is due, at least in part, to a depression of the inhibitory cardiac nerves;" and, in a previous paper, he gives as another factor the diminished oxidation the nitrite causes, and a thrill of impending suffocation and accelerated pulse due thereto; but this will be referred to more fully later in my paper.

While this statement is in the main correct, because there can be no doubt that the nitrites both depress the inhibitory apparatus and diminish oxidation, yet I believe that there is still another and more important factor, therapeutically, concerned in this increase of the heart's action, as was stated

in a recent paper on the potassium nitrite ("Am. Jour. of the Med. Sci.," July, 1880,) in which I claimed that the nitrites, in small or moderate doses, acted as direct cardiac stimulants, and, moreover, gave the results of a series of experiments with the above-mentioned salt, and endeavored, while discussing its physiological action, to clearly show wherein the deductions of certain observers of the action of the amyl compound had been erroneously drawn, and why the results of certain of the experiments undoubtedly corroborated my belief. I have accordingly resumed a discussion of the subject and have carefully reviewed the accessible papers in this relation, and will consider the evidence deduced under two heads,—physiological and clinical.

Referring to the physiological papers, we find that Pick ("Centralbl. f. d. med. Wissensch.," Berlin, 1873, No. 55) declares that it causes a relaxation of the heart muscle, and that the accelerated action of this organ is, in part at least, due to the opening of the vascular channels; that Filenhe (Pflüger's "Archiv," Bd. ix, p. 490,) by the result of a single and very interesting experiment, indicated that the increase of the cardiac heat was due alone to a depression of the vagi nerves, for it was found in this experiment that after section of these nerves, an electric current being employed by direct application to the peripheral portion of the severed trunks, of such a strength as to lower the pulse rate to the normal, the increase did not occur as in normal animals; that Mayer and Friedrich ("Arch. f. exper. Path. u. Pharm.," 1875, v, p. 55) in a different way corroborated Filenhe's testimony, for they observed that sudden asphyxia did not slow the pulse after the administration of the nitrite as it did in normal animals, and, moreover, when they pressed the carotids, and prevented the blood from gaining access to the cerebral arteries, the increase did not occur, nor did they find any diminution of the pulse rate by endeavoring to induce a reflex inhibition of the heart by irritating a sensory nerve.

Wood ("Am. Jour. of the Med. Sci.," 1881, 1, p. 422) states that, so far from being a cardiac stimulant, it is a direct depressor of the circulation, because, although it increases the number of the beats, it never increases the force; and in a later and more elaborate article based upon the results of a direct series of experiments on animals (ibid., 2, p. 39,) concludes that it "does not act upon the heart until a considerable point of saturation of the blood and system is reached," and that the heart is then depressed (p. 53.) He did not at this time make any experiments directly to decide what the cardiac action of the poison was, except in determination of the local action on the exposed heart of the frog in toxic amounts, when he found, after placing a few drops on that organ, that its action speedily became arrested. In a more recent article (ibid., 1871, 2, p. 359) a discussion of the subject is resumed, and he theoretically explains the "excited, violent, and labored action" of the heart in this way: "when the nitrite is taken into the lungs it instantly arrests or diminishes oxidation, and a thrill of impending suffocation runs through the system, in obedience to which the respiratory and circulatory systems gather up and exert to the utmost their forces. The central impulse sent to the cardiac and respiratory muscles is at first much more than sufficient to overcome any direct action of the nitrite upon them, but, the inhalation being persisted in, the impulse is constantly growing weaker, and the direct influence of the drug stronger, so that there soon comes a time when the reverse is true, and the heart's power is more or less nearly extinguished."

Dugau ("Rev. Mens. de Méd. et de Chir.," 1880; quoted in "London Med. Record," Aug. 15, 1880, and "Am. Jour. of Med. Sci.," Oct., 1880, p. 554) concludes, from the result of an elaborate series of experiments, that the nitrite acts upon the heart after all the nerves have been severed; that strong doses cause a diastolic arrest, and that the acceleration of the heart beat seems to be in relation with the fall of arterial tension, for it occurred after all nervous connection of the heart with the central nervous system was severed. Brunton ("Med. Times and Gaz.," 1870, i, p. 320) found that the nitrite did not diminish the work done by the heart in a given time, although it decidedly increased the frequency of its contractions. The frequency he is inclined to attribute to a depression of the inhibitory nerves, because it was more apparent in dogs, in which the vagal apparatus is more sensitive than in rabbits ("Jour. of Anat. and Physiol.," v, 1871, p. 92); but he did not make any experiments to specially determine how the pulse was affected, and his deductions, as may be inferred, are based upon theoretical grounds alone. In experiments on the blood pressure he found the same decided diminution as is noted by other observers, but in seven experiments in which the aorta was compressed immediately below the diaphragm, the pressure was not reduced as in normal animals, for a primary rise occurred which equaled about one fifth the normal, and which preceded a marked fall. Moreover, in three other experiments, in which the spinal cord was cut and the aorta compressed as before, a similar result was recorded. He concludes that the diminution of the arterial tension was vaso-motor and not cardiac, but, unfortunately, he does not discuss the cause of the increase in animals with the aorta compressed.

In reviewing the results above recorded, and the deductions made therefrom by the different investigators, we find, indeed, quite a diversity of opinion to deal with. If we first consider the theories of the modus operandi of the action on the pulse, much in the papers of Filenhe, Mayer and Friedrich, and Brunton goes to show that the nitrite does depress the vagal apparatus and increase the pulse in this way; yet, evidently, this does not cover the ground, according to Pick's opinion, nor those of Wood and Dugau. Although experimenters almost universally agree that the heart is ultimately slowed and paralyzed, yet, as we see, they do not agree as to how the frequency is affected, and when we come to examine their papers it is found that Filenhe, Mayer and Friedrich, and Dugau were the only ones who made experiments in direct determination of this point, and the deductions of the first three observers must be accepted with allowance because of the very indirect, but no less ingenious, way in which they sought to decide this action. Yet it seems we must admit that the vagi apparatus is depressed, and that the increased

action of the heart is at least partially in this way effected. Wood's theory is indeed a beautiful and masterly one, and well worthy of my illustrious friend and teacher, but, unfortunately, it has been founded rather upon hypotheses than direct experimentation. Pick's is logical enough, for it is a truism that there is a compensatory relation existing between the action of the heart and the condition of the vaso-motor system, and that when the vascular channels are open the heart will naturally beat faster in endeavoring to overcome the excessive drainage, and *vice versa*. Dugau's view closely coincides with this, but where he was misled was in not isolating the action on the vaso-motor system from that on the heart, as we shall presently see.

Regarding the action on the arterial pressure, it is almost universally conceded that the marked diminution is both vaso-motor and cardiac, the latter factor coming in late in the poisoning, as is believed by both Wood and Brunton. If this is so, it must be certain that the early fall of pressure is entirely vaso-motor.

If, now, it were possible to eliminate the action of the nitrite on the heart from its action on the vaso-motor system, we could readily determine just how far the acceleration of the heart's beat was affected by this diminution of pressure occurring from vaso-motor dilatation, as well as determine how the amount of work done by the heart is influenced. This identical thing was done, although imperfectly, in Brunton's seven experiments when he pressed the abdominal aorta immediately below the diaphragm, and in the three latter ones, in which he compressed the aorta and made section of the spinal cord; for it must be certain that, when the aorta was firmly pressed upon, the action of a large portion of the vaso-motor peripheries was practically paralyzed, because they were unable any longer to affect the arterial tension, and this was even further increased in the animals in which a section of the cord was made, which, of course, practically annihilated the vaso-motor centers in the medulla oblongata. Now, it must be equally as clear that, if we thus have the action of the vaso-motor system practically abolished, and the disturbing influences of the respirations or struggles overcome by curarizing the animals, as was also done, any change in the arterial tension which occurs will be the resultant of a direct cardiac action. What was the result in each of these ten experiments? In every one of them there was a primary and marked rise of pressure, which equaled as much as a fifth of the normal. It, therefore, must be apparent that this curious change in the results must be due to a direct cardiac action and an effect of a direct increase of the heart's power. If we now admit Dugau's evidence that the heart's action is increased after severance of all central nervous communication, it is conclusively proved that the increase of arterial tension is due to a direct stimulation of the heart, increasing both its frequency and the amount of work performed. Why Brunton, Pick, and Dugau did not reach a similar conclusion is, it is obvious, simply because they did not eliminate the vaso-motor from the cardiac action. It is also clear from the foregoing that the acceleration of the pulse must also in part be cardiac.

In a paper on the potassium nitrite, previously referred to, I claimed that the nitrites all affected the economy in a similar manner, and that, although it was found that the potassium salt caused a primary rise of pressure preceding the diminution, which was an entirely different result from that obtained on normal animals with the amyl nitrite, yet briefly it was explained in this way—that the nitrites acted in two ways to affect the blood pressure, the one by directly stimulating the heart, and the second by depressing the vaso-motor system, the centers especially; that the stimulating effects on the heart ultimately gave way to depression; and that the reason why the amyl nitrite did not cause a rise of pressure, like the potassium salt, was because its vaso-motor action was comparatively more intense, and was more than sufficient to overcome the stimulant effect on the heart, which was finally indicated to be a fact by a comparison of the results of Brunton's experiments and my own. It was further clearly demonstrated that the potassium nitrite caused at least a part of the increased frequency of the pulse by a direct stimulation of the heart, and probably by a consentaneous depression of the inhibitory centers.

If, therefore, we accept these deductions as made from the results of Brunton's and Dugau's experiments, it will be obvious that the action of the amyl nitrite is identical with that of the alkaline salts, and, consequently, that it is a direct cardiac stimulant, increasing the frequency of the heart's action and the amount of work done in a given time.

If we now look into the clinical history of this interesting compound, we find that there is no paucity of evidence to support this belief, but, indeed, that cases illustrating it are so numerous that, even without the experimental evidence as above deduced, we could arrive at no other conclusion. For instance: 1, there can be no possible doubt that chloroform is a direct and powerful depressant of the heart, and that in toxic amounts it seriously diminishes the powers of this organ and causes death in a vast majority of cases by this paretic action; 2, that it is a conceded fact that in collapse and syncope the depressed condition of the heart is a marked symptom; 3, that in certain forms of heart disease, whether there be a condition of fatty degeneration, valvular insufficiency without compensating hypertrophy, or simple dilatation, the heart's powers are enfeebled and we have the occurrence from time to time of paroxysms of distress, which are undoubtedly due to a further depression of its working capacity. It is, therefore, evident that in each of the above-mentioned three divisions we have an unmistakable condition of cardiac depression, which, in the last of them, is frequently and decidedly evinced in the paroxysmal attacks which recur from time to time; and it must be apparent that the administration of cardiac depressants in such conditions of the system would be attended with harm, if it did not materially aggravate the symptoms or induce death—for who would think of giving aconite or tartar emetic in cardiac syncope, or when a patient was cold, cyanosed, and gasping for life's breath in a

paroxysm of heart pang?* Did the amyl have no further primary effect on the heart than to simply increase its frequency by a depression of the vagi apparatus or by inducing it through a diminution of the arterial tension and without affecting the amount of work done, it would seem certain that in such cases as above quoted either its value as a therapeutic agent would be nil, or else it would even aggravate the symptoms, since its only admitted action on the heart, besides the increased frequency, is a depression of its powers and ultimate diminution of its pulsations.

Now, what does the clinical history teach us of the action of the nitrite in chloroform poisoning? Browne ("Med. Gaz.," June 11, 1870) believes that it seems worthy of a trial in chloroform narcosis because its use is followed by a marked acceleration of the heart and flushing of the face. Boder ("Lancet," May, 1875; quoted in "Proc. of the Med. Soc. of the County of Kings," Brooklyn, N. Y., 1875) gives three cases in which dangerous and alarming symptoms of the effects of chloroform were instantly and effectually overcome. Hinton ("Phila. Med. Times," v. 1875, p. 694) cites another illustrating its stimulant effects; and Burrall ("Lancet," May, 1875), Schüller ("Med. Times and Gaz.," Dec. 12, 1874), and Lane ("Brit. Med. Jour.," 1877, i, p. 101) reiterate this statement. The latter observer concludes that when it is inhaled in small quantities it produces recovery from chloroform insensibility, and that this is due to a removal of the cerebral anæmia by the dilatation of the arterioles, to the raising of the temperature of the body, and the removal of the paralysis of the heart. Solger ("Wien. med. Presse," Feb., 1875) furnishes further evidence of the antagonism of the action of the amyl and chloroform; and Dabney ("Richmond and Louisville Med. Jour.," June, 1874) and Smart ("Detroit Rev. of Med.," x, 1875, p. 661), in experiments on animals, further testify to its efficiency. Dabney states that three animals out of four in chloroform insensibility recovered when death was apparently imminent, and that it produced a decided increase of both the force and frequency of the heart. Further, a very interesting experiment of my own, showing the powerful stimulant effects of the nitrites on the heart, is given in a recent paper on the Ethylene Bichloride ("Phila. Med. Times," May 21, 1880), in which the heart was so seriously depressed that the pulsations were imperceptible to the touch, and the pulse-curve tracing was but a mere streak, no oscillations being apparent; yet after giving the amyl the heart's action was recovered with astonishing rapidity.†

Jones ("Practitioner," vii, 1871, p. 213) gives a case of syncope in which the radial pulse was scarcely to be felt, and when the nitrite was given it caused it to beat rapidly and full. From the rapidity with which the patient recovered he concludes that the syncopal condition would have continued longer but for the ether. Minor ("Virginia Med. Monthly," iv, 1878, 1876) used it in a case of locomotor ataxia when the patient was in a condition of impending death, there being a hippocratic expression, stertorous and irregular breathing, complete unconsciousness, an imperceptible cardiac impulse, and cold, clammy extremities. The amyl was given by inhalation, but with no effect, and it was therefore repeated hypodermically, three minims being used; and in a few moments "the heart responded, as evinced by the appearance of a more natural hue of the cutaneous surface. The pulse was recognized in the radial artery. Respiration became better." The temperature was restored, and the patient responded to a pinch, which before was unnoticed. By repeating the dose the pulse became incompressible. As much as fifteen minims was given hypodermically at once. Another exceedingly interesting case is cited by Madden ("Practitioner," xii, 1874, p. 295) of a woman who suffered with severe and intractable menorrhagia, and who at the time referred to in his article was apparently dead. Upon using the amyl nitrite the respirations and circulation became fairly established and consciousness was subsequently restored. Moreover, whenever she appeared to be falling into this collapsed condition the amyl was resorted to with the happiest results; hence, he thinks that this case "shows in a remarkable manner the power which the nitrite possesses to rouse the heart which has almost ceased to beat."

Two cases of fatty heart serve to further illustrate this stimulant action and the beneficial results, as a consequence, from its use. The first is that of Osgood ("Am. Jour. of the Med. Sci.," 1871, 2, p. 360), who found it to act with remarkable efficacy, and so much so that he believes that death would have ensued in a few moments if it had not been given. The second case is one of Janeway's ("N. Y. Med. Jour.," xx, 1874, p. 58), in which, after the complete extinction of the radial pulse, the nitrite caused it to become full. There are also two cases of valvular disease. Wood ("Am. Jour. of the Med. Sci.," 1871, 2, p. 361) states that in his case the effect of the drug in relieving the pang when other remedies failed was astonishing; and Jones (loc. cit.) tells us of a woman who suffered from cardiac dyspnœa, with a dilated hypertrophy of both ventricles (the dilatation being in excess), a feeble circulation, extreme anasarca, pulmonary œdema, lividity of the face, and shortness of breath. The use of the amyl nitrite produced most beneficial effects and induced a pleasant glow all over the body, and on each occasion of its use she felt easier and more comfortable about the chest.

In reviewing all the foregoing facts, I think doubt can no longer exist that the amyl nitrite, like the alkaline salts, acts as a powerful and direct cardiac stimulant, increasing both the frequency of the heart's pulsations and the amount of work done in a given time.—Edward T. Reichert, M. D., in *N. Y. Med. Jour.*

*An apparent exception to this is the use of hydrocyanic acid, but this is given in such small amounts that only its primary effect on the circulation is obtained, which is a slowing and increased fullness of the pulse, due to a stimulation of the inhibitory nerves, and accompanied by a slight rise in pressure, the depression of the heart and fall of arterial tension being a secondary effect.

†These last references, which properly belong to the physiological papers, are given here because of their bearing such a close relationship to the clinical papers on the same subject.

Coca.—Coca, hardly known to-day to the most of us, has yet had its hour of celebrity; the Incas

venerated it as holy and burnt it on the Altar of the Sun, enveloping in its precious fumes the victim of the sacrifice; to be admitted to the honor of eating the sacred leaf constituted the most enviable recompense for the person whom a heroic action or high virtues designated as worthy of a sovereign's favor; finally, the wife of one of the descendents of Divinity regarded it as a high honor to bear the surname of Mama cuca (mother of coca),

Several leaves sufficed to form a talisman which ensured the happy possessor recovery from disease, the favor of fortune, or success in love; coca was the plant, *par excellence* (Khoka), the universal panacea; the house where it was conserved on that account alone enjoyed immunity from all crime and accident, and if at times an event occurred in glaring contradiction to the holy tradition, the priests of the sun made an additional reverence; it was God's will.

Fatality, destiny, punishment or affliction, the word varies according to the religion, but it is everywhere implacable and represents the only power in this world to which one is always to submit!

The conquerors of Peru annihilated the Incas and proscribed their religion, but they conserved with care the privileges; their genius for civilization readily comprehended the advantages to be drawn from coca, in a country where man is submitted to the hardest labor; they popularized its usage, and when the fathers of the Church, in reaction, treated its action as a dream, worthy at most of the credulity of a superstitious people, they were unable to restrain the popular current which persisted in profiting by the extraordinary qualities of the coca, without believing itself on that account irrevocably allied with the devil.

South America commenced its therapeutical celebrity; Linné gave us a description of it, and Joseph de Jussieu, companion of La Condamine, brought over to us the first authentic specimens. Now, if the virtues of this plant justified the adoration of the Peruvians, why did it not come earlier to us?

How is it that we have not tried to appropriate this revenue, considerable as it is, since the mines of Potosi alone consume 100,000 bales at 25 francs apiece, and the Bolivian Government receives nearly two millions by the tax?

Dr. Gosse, at Geneva, Mantegazza, in Italy, Gazeau, in France, etc., have tried this therapeutic agent, without succeeding in bringing it into general use.

Coca, of which the leaves only are employed, bears in botany the name of erythroxilon coca; it is not found in a wild state, and grows in warm countries, where its cultivation is a great source of riches, since it gives a revenue of nearly fifteen per cent. As soon as the leaves have attained their complete development, which is about four centimetres (1.6 inch), they are picked carefully, one by one, in order to preserve the bud, hope of the following harvest; the fallen leaf becomes spotted and is valueless; it ought to be of a fine emerald green, not bend (too young) or break (sign of decay).

After first drying under a moderate sun, in covered courts, the coca is transported in woolen sacks or in baskets formed of cut reeds, covered by banana leaves and tied with vegetable cords; this packing is insufficient to guarantee the coca from damp, which deteriorates it to such a degree, that one is obliged to sacrifice a considerable part, if one does not adopt some mode of transportation analogous to that of tea.

One understands how a plant, requiring such precautions, whether it comes from Bolivia or even from Peru, where it is said to be less delicate and more dry, should have doubled in price on arrival at destination; for this reason, Dr. Gosse counsels its naturalization in mountainous countries in our neighborhood; several authors believe that it might grow at Hyéres, France, but the experiment has not been seriously tried.

The Indians use coca as a stimulant to still hunger and adjourn sleep; taken in a certain quantity, it will raise the spirits, banishing care, happy prerogative, alone sufficient to ensure it the most legitimate success!

But when, according to the estimate of Dr. Lipmann, "from the quality of taking the place of all food, to that of inspiring resolution, courage, even wit, it is a question of distinguishing the true from the false, reality from fiction," one interrogates then the two hemispheres, and one calls to aid the savant who hesitates, as well as the innovator who dares!

The quality which all recognize in coca, is its stimulating virtue increasing the heat of the blood, and giving an unheard of force to the muscular system.

According to Dr. Tschudy, a man can work five days without other nourishment than fourteen grammes of coca every two or three hours; but Dr. Weddel adds that, under these conditions, the Indian does not forego the evening repast, and that the coca only prevents him from feeling during the day the frightful pangs of hunger.

Dr. Unanúe, an earnest partisan of the celestial plant, mentions the case of a courier, on service between Chiquisata and Paz (about 100 miles), who carried for this long journey only coca and two pounds of burnt maize or potatoes frozen and dried; and further relates that towards the termination of the siege of La Paz by the insurgents, in 1871, the inhabitants, after a blockade of several months, during a rigorous winter, in want of provisions, were yet obliged to war simultaneously against the elements, the exigencies of nature and the attacks of the enemy. A few had laid in a stock of coca, and this resource, apparently so scanty, turned out the most powerful of allies, since it permitted them to support fatigue, suppress sleep, endure hunger without suffering and to brave the rigors of the cold.

During the same war, a body of patriot infantry, obliged to traverse, during a rigorous season, one of the coldest plateaus of Bolivia, found itself deprived of provisions, while advancing in forced marches to rejoin the division encamped at Janin; on arrival, hunger and fatigue had decimated it, and but few were in a state to combat, but these privileged ones were nearly all young mountaineers, habituated from childhood to carry with them always a stock of coca; from time to time they swallowed tiny balls, prepared in advance with the

leaves of coca, from which they had removed the nerves and which they chewed until they contained no more juice. This precaution conserved their strength.

Whether it be by a tonic action, stimulating the nervous system, or in virtue of the nutritive analeptical elements contained in the leaf; whether it be as, according to some, an occupation for the nerves, or as, according to others, a real nervine aliment, it is certain that "by the stimulation which it gives to the whole economy, it hinders the incesssant material losses in such a manner as to render less necessary their immediate reparation." (Dr. Gosse).

When an Indian arrives at the terminus of a forced march, during which coca has been his only nourishment, he seems at first sight to have preserved his strength, but he must count also on an emaciation which represents a personal waste; the sensation of hunger remains unperceived by him, whether it be that the chewing has absorbed his attention, or that the insensibility which the coca produces on the buccal mucus, extending equally to the mucus of the stomach, averts the epigastric pains. But even if this effect is sufficient to attenuate the effects of the privation of nourishment, it cannot take the place of nourishment itself—supreme want imposed on man by the Creator.

The aroma of coca is very similar to that of tea of good quality, but its flavor is stronger, bitter and slightly astringent; it produces a sensation of heat which nearly approaches lethargy in some persons.

Carefully guarded against moisture in tin vessels, or linen sacks containing a little chalk, coca gives an infusion which is a real treasure for a weak or over-charged stomach; in the proportion of two or three grammes to a glass of water, it constitutes the most healthy after-dinner drink, because it facilitates the digestion; simply masticated in the natural state, it excites the movements of the heart four times more than tea, twice more than coffee (according to Mantegazza), increases the vital heat, combats with success the influence of evil emanations; taken in two large quantities, it communicates an intoxication analogous to that produced by hashisch, but without loss of consciousness—intoxication not very dangerous, for that matter, from the standpoint of popular hygiene, its price being always too elevated for the masses.

Certain authors believe that they have found in coca an efficacious remedy for pneumonia, or against intermittent fevers; in Peru it cures the mountain malady; for the Indians it is a universal remedy. We find in all these exaggerations the same principle: the coca gives tonicity to the tissues and impresses on the organism more vital resistance; it produces a favorable excitation, renews the strength and dissipates the tendency to vertigo.

Sir Robert Christison related recently, in his lecture to the Botanical Society of Edinburg, that, in order to comprehend the stimulating properties attributed to this plant, he had chewed several leaves during his two ascensions of the Ben-voir Lich; arriving at the summit, Sir Robert, who is no longer young, found himself greatly fatigued, but the coca leaves completely invigorated him, and he accomplished the descent easily and very joyously. The learned traveller adds, that by the use of coca he was enabled to walk immediately afterwards sixteen miles without a thought of the fatigue which he had at first experienced.

The Medical Society of Santiago (Chili) received lately from Dr. Manuel A. Espinosa an interesting treatise on the erithroxilon coca. The analysis of the leaves of this plant, made in 1859 by Niemann, revealed to us the cocaine as the medicamental principle contained in the coca. Dr. Espinosa explains to us the presence of the clipta, alkaline matter which the natives mix with coca leaves in the formation of pellets, which they eat daily under the name of acullies. "The cocaïne being an alkali, the action of the clipta on the coca is easily explained: the cocaïne existing in a state of combination with organic acids, an alkali of any kind or an alkaline carbonate would release it from its union, favoring thus its dissolution in the saliva, and therefore ulterior absorption."

Our learned confrere spent twenty-six days in observing on himself and a friend the influence of coca on disassimilation; he succeeded in proving conclusively the augmentation of urea and carbonic acid. With Drs. Gazeau and Rabuteau, he considers coca as one of the surest agents of organic disassimilation, as a stimulant of the nervous system, on which the slow and continued action is very characteristic.

The observation of the author seems to be as exact as methodical; coca is not, according to him, yet fully understood; but one can foresee that cocaïne, being soluble in alcohol, and, above all, in ether, the best pharmaceutical preparation of coca will be the ether alcoholic tincture.

In the meantime, it is generally administered with a generous wine, which facilitates the absorption.

Professor Mantegazza counsels it as a cold lotion once or twice a day, to whiten the teeth, polishing them with a powder made of coca-leaves, mixed with rose-honey. He also extols the practice of masticating the leaves—a custom which presents none of the nuisances of tobacco-chewing, and procures according to him, a sensation of calm and indefinable *bien-etre*. "Buy," he says, "a little tin box, fill it with coca of good quality, and when you feel fatigued, sad or irascible take a pinch, masticate it slowly, swallowing the juice until there remains only a residue, insipid and spongy as tow."

The eminent hygienist is not satisfied with wishing to make us chiqueros (chewers of coca); he even seeks to make use of the narcotic principle contained in the plant, and is capable, he says, of rivalling tobacco. The leaf calcinated leaves white ashes and exhales a tobacco-like odor; the union of the two plants produces an intoxication analogous to that of hashisch. There are in reality several points of resemblance; so that he wishes without abolishing smoking (difficult undertaking) to substitute the vice by a hygienic habit, in requiring the smoker to renounce the cigar in favor of chewing. "Become a coquero," he says, "and the air which you render unhealthy for yourself and troublesome to others will retake its purity

and if you select coca of good quality, you will see that a pinch of leaves chewed suavely is well worth several cigars, and will renew the heart spiritually and physically."

We sincerely approve the efforts of the congenial writer, but we believe that chewing will hardly enter into our habitudes, or that the cigar will be left out. Could we not make new cigars with the coca?

We give our idea for what it is worth to manufacturers, so skillful in such matters. They will perhaps find the means to send up the celestial smoke of the Incas!

[TRANSLATOR'S NOTE.—Learning that Mariani, one of the most eminent chemists of Paris, made several preparations of coca, I paid him a visit at his laboratory, and received a number of leaves as specimens. He showed me several green coca-plants, which he said flourished very well during the winter in the green-house, and in summer in the open air. My attention was called to the fact that the coca leaf held to the light gave the singular effect of a skeleton of a leaf, running through the centre. By this peculiarity it was discovered to a certainty to be the same medicinal plant as that used by a Lyonese doctor in 1602, and mentioned and described in a medical treatise of that epoch. It was lately found at Lyons; so that the present disputations of medical celebrities as to who first introduced coca into Europe is taking a new direction, or rather an old one, and is likely to become endless. A large work on coca is shortly to be published at Paris.

As a student, during nine years, abroad, of the medical literature of France, Germany and Italy, I think it but fair to add my small testimony in favor of the truth. I believe the honor to fairly belong to the most popular hygienist of modern Italy, Prof. Paolo Mantegazza (already mentioned in the above article), founder of the Igea and Medico de Caso (medical journals of Northern Italy), and formerly Professor at the Royal University of Milan, now at Florence. Many interested themselves later in the introduction of the coca into Europe, but the real honor belongs to this eminent humanitarian and traveller, who spent a number of years in the land of coca, and on his return energetically diffused its use in Italy, and from thence to Switzerland and Germany. Honor to whom honor is due!

The above-mentioned chemist, Mariani, related to me that during the four years he had made a specialty of coca under the form of wine or elixir, the demand was thrice as great for the same as for his specialty of quinina. I would further say that a number of Parisian chemists make a specialty of coca, and all without exception prepare coca wine on the prescription of a physician. One finds coca-leaves for sale at all drug-shops in Paris. Even in the larger towns in Italy one finds them at the principal chemists. I remember, a couple of years ago, paying a visit while at Milan to a large pharmacy (Bera), justly celebrated for its excellent coca leaves. At all the cafés in Italy they serve Elixir di Coca Boliviana, made by a great firm that makes a specialty of this product. I observed that the Neapolitans found it as agreeable to their palate and digestion as the Milaners.

Lately I visited the Jardin des Plantes, at Paris, in order to see a fine coca plant. It is hoped with reason that the acclimation of the plant at Hyéris will be successful.]—*Journal d' Hygiene—Va. Medical Monthly.*

CONVALLARIA MAJALIS IN CARDIAC NEUROSIS.—Professor Botkin's Weekly Clinical Gazette (Saint Petersburg, Russia), contains the following:

On February 3, 1881, at the ambulance of Professor Botkin, a woman applied for medical aid. She was 30 years old, of medium size, thin and anæmic. She complained of constant dyspnœa, palpitation and pain about the heart, radiating into the left arm, and down, along its internal aspect, into the fingers. Exacerbations of these symptoms took place several times a day, and sometimes in the night. She was unable to work, and losing flesh; would sleep but little, and only in a sitting posture. Had suffered for ten months, although she had been constantly treated by physicians. The cause of her illness was unknown to her. Her thorax was normal, breathing superficial, 48. Radial pulse small, 116; whilst the carotids and aorta pulsated violently. Her hands trembled very much. Immediately below the left clavicle there is a very noticeable dullness, which extends along the left parasternal line, and which over the third rib merges completely into the absolute dullness of the cardiac region, the latter extending toward the right as far as the median line. The heart impulse is vigorous, and in the normal situation. The second heart sound is more pronounced. The respiratory murmur along the parasternal line is weak and short, but improves after deep breathing. On palpation of the abdomen the right kidney was discovered to be painful and moveable.

Professor Botkin pronounced the case one of neurosis of the cardiac apparatus, taking the form of angina pectoris, and which had already caused a change in the dimensions of the heart; thus its diameter was increased so as to reach the median line, and increase in the size of the left auricle, was indicated by the dullness along the left parasternal line. In consequence of the insufficient evacuation of these parts of the heart, there was abnormal blood supply to the lungs, and dyspnœa. The cardiac neurosis in this case is probably due to reflex influence from the abnormal situation of the right kidney, which not only was irritated itself, but kept up an irritation of the adjacent organs.

The patient was ordered to apply clay poultices to the cardiac region, to take two or three warm baths a week, and to wear a special belt to retain the kidney in its proper position. Internally she received:

R. Camph. monobrom, ʒ j.
Chloral hydrat, ʒ ss.
Pulv. acaciæ.
Sacch. albi, ℔ ʒ j.
F. Pill. No. 60. S. Two pills three times a day.

On the 10th there was no improvement. Examination showed only slight sensitiveness of one kidney. The patient was now given *tinct. conval.*

lariæ majalis, ten drops four times a day. The baths and belt were continued.

On the 17th the patient reported that she obtained relief from the very first doses of the medicine, and now feels well. She can sleep in the recumbent position, has no more palpitation or dyspnœa. Pulse 80–90; respiration 22. The parasternal dullness is less marked. Cardiac dullness now extends only as far as the left parasternal line. Pulsation of the aorta is still too violent, but less than before. Heart tones clear, with slight accentuation of the second sound. When breathing deeply there is vesicular murmur, though rather weak, along the parasternal line, where the dullness was. The right kidney is less sensitive.

The whole success in this case of rather complicated cardiac neurosis is evidently due to the tincture of convallaria, since the remedies previously employed had no effect.

We believe the relation of this case to have some practical value, since cardiac neuroses are frequently met with in practice, whilst we have hitherto had no certain and reliable remedy for their treatment.

Our usual cardiac remedies—digitalis and adonis vernalis—says Professor Botkin, in the vast majority of cases of cardiac neuroses have no effect whatever, whilst convallaria generally acts like a specific. But in these cases it should be used in form of an alcoholic tincture, not in infusion.

The Vratch, for June 16, also contains an article on "Convallaria maj." by Dr. Alfayef, military surgeon in the Caucasus. The plant grows plentifully there in the mountains, and has a great reputation among the people as a remedy for intermittent fever. The doctor experimented systematically on 38 typical cases of that fever, but with only indifferent success. The plant will therefore never rank among the remedies for this disease, but the experiments are very interesting from the fact that they throw a great deal of light on the mode of action, dose, etc., of this potent remedy, which we here reproduce in short.

According to popular precedent, the experiments were made with the flowers only, leaving it an open question whether the therapeutic effect of the root and stem is identical with that of the flower.

The alcoholic tincture was found to be the most convenient, as well as the most potent form of the drug. The tincture used was of the strength of four ounces of the flowers to the pint of dilute alcohol. In its mode of action it is very peculiar; when 20 or 30 drop doses were given the pulse became slower and less compressible. No unpleasant effects were noticeable, although the doses were finally increased to half a fluid ounce each dose. The results of these experiments as concerning the the pulse, in substance are expressed by Dr. A. as follows: In small doses (five to ten grains of the powdered flowers is equal to 20 or 30 drops of the tincture), the remedy invigorates the pulse much more noticeably than in large doses (one dra·hm of the powder, or one-half fluid ounce of the tincture).

Large doses seem to act simply as regulators of the pulse, no matter what was its preceding state. "As to the diuretic effects of the remedy, I have observed that while small doses had a well-marked influence in that direction, this influence was not increased from larger doses. For instance, the following case: Simultaneously with tertian intermittent—a patient was suffering with acute hydræmia, general dropsy, and stasis of blood in the lungs, the pulse being 120, weak. He was ordered to take tincture convallaria, 20 drops, twice a day. No other remedy was used. In five days his condition was much improved; the pulse became stronger, the breathing freer, the quantity of urine had increased fourfold; but the intermittent showed no symptoms of abatement, the paroxysm being even more severe than before. . . . .

"I am therefore inclined to think that the convallaria acts as a diuretic only as it stimulates the heart's action, and consequently increases lateral blood pressure, being similar in this respect to digitalis. But its great advantage over digitalis is, that it is quite harmless even in over doses.

"I have also tried the convallaria (in small doses) in pneumonia, and once in a case of dropsy from fatty degeneration of the heart, and obtained a slowing of the pulse, and, in the latter case, an increase in the quantity of urine voided. I think it therefore likely that the convallaria may with advantage be substituted for digitalis, wherever the latter is indicated."—*Physician and Surgeon.*

GRINDELIA SQUARROSA (Gum-weed).—This is an indigenous plant of the Pacific coast, growing in the valleys. It is perennial, two or three feet high, blooms all summer, and in the autumn becomes highly impregnated with an oleo-resin, in which resides its medicinal virtue.

Physiological Effects.—Dr. Bundy contributes the following proving on himself:

I commenced at seven o'clock in the evening by taking one teaspoonful of the tincture. In half an hour I took another, at which time I began to feel a terrible fullness in my head. This continued fifteen minutes, when I was taken with pain in my left eye and the right knee-joint, precisely like acute rheumatism. The pain in my knee did not last more than a half hour, and at this time I took the third teaspoonful. The pain in my eye became the most intense that can be imagined, the pupil dilated largely; it was two hours before the right eye became affected, but when it did my misery was only doubled. At the time the right eye became affected, I was taken with an unbearable pain in the entire region of the liver and spleen, and so severe was it that I could not lie still one moment, and the soreness in the region of the pain was like nothing to which I can compare it, except that of acute rheumatism. With a towel tied tight around my head, and hot applications over liver and spleen, declaring that I had inflammation of the brain and of the liver and spleen, did I pass the most terrible night of my life. The pain of the eyes was in the eyeballs, and ran directly back to the brain, and to turn or move them was torturing. In fact, the pain produced by the drug, wherever it occurred, was that of rheumatism—pain with soreness. The conjunctiva was remarkably injected, and the eye presented the appearance noticed in congestion of the brain. The pain in my eyes, together with the soreness, lasted three days. The action of the drug upon the nervous system is remarkable. When given in full

doses, it influences the optic nerve, and in a little time influences the par vagum, and seems to interrupt respiration. The interruption of respiration was so great as to prevent sleep, even if the pain had not prevented. The moment I would fall asleep, the respiratory movement would cease, and it would not be resumed until awakened by the suffocation that resulted from the suspension of respiration.

Therapeutics.—Grindelia squarrosa is even more useful in diseases of the skin than grindelia robusta. In all effusive inflammations of the derma, as well as in sores and bruises, the local application as a glycerole (drachm to an ounce) will prove of advantage. In diseases of the eye and optic nerve, corresponding to the physiological effects produced by this drug, it would probably prove curative in small doses, say twenty drops in an ounce of syrup, a teaspoonful every six hours. It has cured rheumatic ophthalmia, with pain on movement.

Mr. H., æt. 27, complained of fearful headache, eyes so sore he could scarcely move them, with flashes of heat and blindness; throat sore, slight cough, and other evidences of cold. Gave fluid extract one drachm, syrup of orange two ounces, teaspoonful every hour. The following day patient reported himself well.

It is of great value in bilious derangements, though the precise indications are not yet very clearly defined. Its range of action here appears to be somewhat analogous to leptandra. Dark colored stools follow its use, with a cessation of all those symptoms so characteristic of portal engorgement and hepatic torpor. Cases like the following yield readily to it: A patient complains of a heavy, dull headache, obstinate constipation, heat and pain in the right hypochondrium, and burning pain under right scapula, and that breathing is labored. His complexion is sallow, conjunctivæ tinged yellow, tongue dirty brown, cough with frothy sputa, and scanty, high-colored urine. ℞. Fluid extract two drachms; simple syrup, three ounces; teaspoonful every four hours will probably restore him to perfect health in ten days or two weeks.

Grindelia is of great utility in hypertrophy of the liver and spleen, and in all grandular obstructions. This is the condition induced by chronic ague, and here it proves itself a precious remedy. Unlike quinine, it is of little value in recent cases, and, again unlike quinine, it is of great service in old cases that have been the rounds of all treatment, and yet persist.

Its common name among the Spanish inhabitants of California is ague-weed; they use it in the form of an infusion. Old obstinate intermittents, that arsenic and quinine fail to relieve, will often yield to a single ounce of the fluid extract of grindelia squarrosa, in divided doses. This remedy should never be diluted with water, as it contains so much gum, which is thrown down as a deposit. Syrup or glycerine are the best diluents. Syrup of orange makes a very elegant vehicle for it. As an antiperiodic, add one ounce of the fluid extract to five of the syrup, and give drachm doses every four hours. The following may be mentioned as a typical case:

Mr. S., æt. 40, has had chills for nearly two years, the paroxysms occurring every third day, usually suppressed while taking antiperiodic mixtures, but recurring again when the medicine is stopped. Considerable splenic hypertrophy, and growing rapidly anæmic. Prescribed the above mixture. Did not have a chill after beginning medicine; has had only one bottle of the mixture; the spleen rapidly decreased, and appetite as quickly increased. At the end of four months says he feels perfectly well.

In relapsing fever it is the best remedy we have, quickly impressing the spleen, and if given early will prevent the relapse on the fourteenth day, so characteristic of this disease. Give ten drop doses every hour until the swelling on the left side begins to diminish, then continue in two-drop doses for a week or ten days.

Grindelia squarrosa seems to be of value in chronic cystitis and other chronic disorders of the urinary apparatus.

It certainly has a salutary influence in leucæmia, resulting from splenic hypertrophy. Its whole pathogenesis points to this disease, where it certainly has no equal, unless it may be picric acid. Thuya and sulphite of soda are sometimes indicated, and all four of them cure this condition, which old school classics declare incurable.

Neuralgia, resulting from malarial influence, whether it show itself in the stomach, or elsewhere, is frequently benefited by drop doses of this remedy. Irritable coughs, with considerable nervous erethism, yield to two drop doses on a lump of sugar.

Rheumatic fever and cerebritis are both within its domain; but its exact relation, how far it may supersede other tried remedies with advantage, and the precise indications for it, are all yet undetermined. In general, a pale, puffy appearance, pain in the right and left hypochondriac, soreness of the tissues, pain in the eyes and head, determination of blood to the brain, and a high degree of nervous erethism, are diagnostic for its use.—*The Medical Eclectic.*

The Treatment of the Night Sweats of Phthisis by Coto.—Twelve months ago, while administering the fluid extract of coto to control the diarrhœa in a case of phthisis, I found that it arrested the night sweats with which the patient was troubled. Since that time, I have given this drug in twenty-two cases of night sweating with decidedly beneficial results in all cases, except two. In sixteen cases, the arrest of the sweats was prompt and long continued. In four cases, the sweats although controlled, soon returned. In two cases only, was there no influence seen. I will only give as illustrative examples the details of two cases. The first case is one where, in all probability, the arrest of the sweats was the means of arresting the further progress of an incipient phthisis.

Case 1.—Mrs. P., æt. 23, married, complains of cough, shortness of breath, profuse night sweats, weakness and emaciation for four weeks. Her family history is bad—her appetite is poor; tongue denuded of its epithelium. There is an appreciable impairment of resonance under the right clavicle. The expiratory murmur is prolonged, and the vocal resonance is increased in the same situation. She was ordered 10 grains of bismuth every four

hours, and ten minims of fluid extract of coto every evening. After the second dose of the coto the sweats ceased. The appetite quickly returned, and she soon regained flesh and strength. Since (a year) she has remained in excellent health.

Case 2.—The following case of contraction and induration of the left lung is given in more detail, on account of the instructive character of the physical signs. Mrs. S., æt. 25, married, youngest child æt. 3 months, complains of cough, severe chills, high fever, night sweats and great weakness.

The first symptoms of her present trouble came on three years ago. During her pregnancy, the urgent symptoms abated, her appetite was good and she gained rapidly in flesh. Four weeks after delivery she commenced to be troubled with rigors, high fever and night sweats. Her appetite failed and she lost flesh as rapidly as she had previously gained it. When first seen, her pulse was 120, temp. 104.2 (6 p.m.), resp. 35. There is marked flattening, with deficient expansion of the left side. The resonance over the whole of the left lung is markedly impaired. An inch and a half from the left border of the sternum in the second intercostal space there is to be seen a systolic impulse and on laying the hand over the same area a shock is felt which is diastolic in character. The second sound in the pulmonary area is accentuated. She was given ten minims of coto every night. After the first dose, the sweats were less, and after the third they had entirely ceased, despite the fact that the temperature still went up every evening to between 103° and 104° Fah. At present this patient is free from fever and night sweats. There is physical evidence of a cavity (bronchiectatic?) over the supra-clavicular area. The two cases narrated are average examples of the way coto generally acts.

One of the cases where coto completely failed to be of any benefit, was one of rapid phthisis accompanied by great pharyngeal irritation. Atropine proved efficacious in this case, but it had to be continued for a lengthened period. Coto appears to possess the advantage over atropine of being more permanent in its effects. In the other case of failure, atropine, strychnine and oxide of zinc also failed to be of any benefit, and of being able to allay gastric catarrh which is generally present in these cases.—Dr. J. Stewart, in *Canada Lancet.*

Actinomeris Helianthoides (Gravel Weed.)—This is a plant of the helianthus family. It is found in middle and upper Georgia, North Carolina and East Tennessee, and in many other places in the United States. My attention was called to it in an obscure old book, called the "Cherokee Physician," written by Dr. James W. Mahoney, as dictated by a Cherokee doctor, named Richard Foreman, both of East Tennessee. Dr. Jas. W. Mahoney refers to a pamphlet written by Dr. Turk, and published in 1845, in which Dr. Turk says: "I have never failed to cure gravel, of even long standing, with this root tinctured in alcohol." It grows on upland and bottoms, from five to eight feet high; has a bushy top, and many yellow flowers; blooms about the last of July, the blosoms resembling the artichoke. The stalks are, in appearance, four square, but, when examined, are found to have four welt-like edges, which make the stalk appear square. The root is the part used, which is of various sizes, from the size of a goose quill to that of a child's finger, and, freshly dug, contains a thick oil; when dried it looks like resin, and has a strong aromatic, rather terebinthinate odor. It is this oleo-resin that contains its medicinal properties. I called attention to it a year ago, but do not see where any one has tried it much. I am using it all the time in irritable bladder, strangury, calculous affections and kidney affections. I find it a very valuable diuretic, either in retention or suppression of the urine.

Dr. Turk gives the case of a gentleman in North Carolina, who has been afflicted for fifteen years with retention of urine, and he had to draw his water with a catheter most of the time. Turk says he cured him with a tincture of this root. I was called in council to a child five days old, that had discharged but little urine. The attending physician had tried tincture of apis, mel. dulc., spr. of nitre, parsley root (in tea), a tea of watermelon seed, pipsissawa, and several other other diuretics, with the warm bath, but to no purpose. I at once prescribed the tincture of actinomeris helianthoides and polytricum juniperis, equal parts, which produced a free flow of urine in some three or four hours, and the child had no further trouble after that time.

I have had several cases of irritable bladder from the passing of phosphatic sand, and I have relieved them with this article, alternated with carb. of lithia. I have recently had several cases of dropsy, in which ordinary diuretics did not act, until I added the tincture of actinomeris. I give it in a gin tincture, in doses of one or two tablespoonfuls, every two or three hours (officinal tincture). As a diuretic we have but few, if any, articles equal to this one, and as a curative remedy in calculous affections, there is in my opinion, no known remedy equal to it. It is doubtless aided by the preparations of lithia in the calculous diathesis. I thus call attention to this—one of our most direct remedies. Please try it and report.—*Medical Eclectic.*

Actinomeris Helianthoides.—Dr. I. J. M. Goss, of Marietta, Ga., writes to the New York and Chicago Medical and Surgical Journal, for July, 1881:

My attention was directed to it several years ago by reading Dr. Mahoney's Cherokee Physician, a little volume taken from Richard Foreman, an Indian medicine man, of the Cherokee tribe. In that little work Dr. Mahoney recommends the actinomeris helianthoides very highly in gravel and stone in the bladder, and quotes Dr. Furk's pamphlet, in which Dr. Furk says: "I have cured gravel of long standing in four or five days, with this root in alcohol or good spirits; and I have never failed, and until I do, I will continue to believe in its efficacy. I could cite many cases of the most notorious kind, but in this small work I will give but one. A gentleman in North Carolina had been so afflicted for fifteen years, and had tried so many remedies that failed, that all hopes of a cure were abandoned. He had to draw his

water with a catheter. He called upon me, and I furnished him this root, which he says cured him in four or five days." Now, I think this was a case of retention from want of expulsive power in the bladder, and one very suitable for the actinomeris to display its power. This plant, one of the sun flower family, grows on uplands and sandy bottoms. It grows mostly in fence corners, where it is protected. It grows from five to six feet feet high, has a bushy top, petals of flowers, yellow, much like the artichoke, and blossoms from the last of July through August. The stalk has four welt-like wedges, which make it appear square; but when these edges are rubbed off the weed is round, and about the size of a penstaff. The root is the part used. This plant has many roots growing out in every direction, and resembling small potatoes, which, when broken, exude an oil, similar to fresh turpentine, which turns to resin when dried. It grows in middle and upper Georgia, North Carolina, South Carolina, Tennessee, and perhaps in many other parts of the United States. It is not mentioned in many works on botany, hence I am particular to describe it so that any man may find it where it grows.

It is one of the most powerful diuretics in the vegetable kingdom, and seems at the same time to exert considerable tonic power upon the bladder. I have used it in some marked cases of retention of urine from atony of the bladder, and have succeeded after having failed with the best of remedies of this class.

(See the author's works for full details.)

I have treated several extreme cases of dropsy, in old people, in which all my usual favorite diuretics failed to get up active diuresis, but after resorting to this article in the form of strong tincture, I succeeded in removing the superabundant water from the blood in a short time. A physician who lives in upper Georgia, to wit, Dr. G. B. Dillard, informs me that the common people in his country use this root a great deal in all kidney and bladder affections, and they call it diabetes weed, from the powerful diuretic effects it produces. I do not assert that it has any power to dissolve stone, yet I am not prepared to disprove it, but I have treated cases of the phosphatic diathesis, in which the patients were passing large quanties of the phosphoric sand, and this article, alternated with five grains of carbonate of lithium, relieved this condition in a few days. In chronic cystitis and nephritis we have a valuable remedy in the actinomeris helianthoides. I have treated quite a number of cases of old chronic cystitis and nephritis successfully with this remedy.

The dose is one to two drachms of the tincture every hour.—*Medical and Surgical Reporter.*

Eucalyptus Globulus: Its Use in Typhoid Fever.—This short note is supplementary to a former one published in this Journal (vol. 23, p. 680). After mentioning in that paper the remarkable benefit which, in my experience, had attended the administration of the tincture of the eucalyptus globulus, or blue gum, in certain cases of what appeared to be very formidable disease of the stomach, I suggested that the same remedy might be found advantageous in cases of typhoid fever. My grounds for forming this anticipation are obvious enough. The drug possesses antiseptic qualities; it acts, as we have seen, beneficially upon the lining membrane of the stomach, perhaps of the duodenum. The characteristic lesion to be chiefly dreaded in typhoid fever is an irritated condition, a congestion, an inflammation, passing into ulcers or sloughs of the small follicular glands of the intestinal canal.

Ever since venturing to make the suggestion referred to, I have kept it in view, prescribing a teaspoonful of the tincture of eucalyptus, well diluted, at regular intervals of three or four hours, in all the cases of typhoid fever which have occurred. My distinct impression is that, as a rule, the duration of the disease has been shortened, and the tendency to diarrhœa diminished. If mixed with a large wineglassful of water, the medicine is far from disagreeable to the patient, and may be steadily administered in the intervals of nourishment without becoming irksome. By food, I mean milk and lime-water. As each dose of the tincture contains a drachm of spirits of wine, it is worthy of consideration that we are, in fact, giving a slight stimulant, not only well diluted, but possessed of a medicative property at the same time. This may therefore come in lieu of those other stimulants so often deemed desirable, at least in the advanced stages of the fever, while, in the intervals of the bland milky nutriment, it will be brought into immediate contact, as an antiseptic, with the seat of threatened ulceration and sloughing.

In private practice, with a comparatively small number of cases, it would be rash to speak dogmatically as to the results of treatment; but a reliable opinion might be arrived at, were physicians connected with a large hospital which admits fever cases, to employ the remedy in every alternate case under their care. If those patients who got the medicine were found—after its emyloyment in a considerable number of cases—to have made more rapid recoveries with fewer bad symptoms than those from whom it was withheld, it would be reasonable and safe to draw an inference in its favor.

I may mention that my confidence in the eucalyptus, in cases such as those formerly described, continues unabated. Indeed, it has been strengthened, not only by the results in cases coming under my own observation, but also by several aggravated examples throughout the country, reported to me by the first patient to whom I administered it. He had benevolently recommended it, on his own responsibility, when he heard of persons suffering similarly to himself, before his restoration to health.—*Benj. Bell, F. R. C. S. E., in Edinburgh Medical Journal.*

Chaulmoogra Oil and Gurjun Oil in Leprosy.—I have read with interest the article in the Journal of March 26th, on chaulmoogra oil in leprosy. I have also tried, and with much success, chaulmoogra oil in true leprosy. I give it internally in doses commencing with ten minims in emulsion with milk; and externally I apply a liniment of one part of chaulmoogra to fifteen of olive-oil to the

eruption, the diseased nerves, or the tubercular surfaces. In private practice, I use the "perles," which my patients take without difficulty. Contrary to Dr. Murrell's experience, I find that the oil cause constipation; and in consequence I am in the habit of administering it with castor-oil.

I have, however, obtained much better results at the General Leper Asylum with gurjun oil—wood-oil from the *Dipterocarpus lævis*, as suggested by the late Surgeon-Major Dougall (Report on the Treatment of Leprosy with Gurjun Oil, printed at Calcutta, 1875). I enclose a copy of my last official report, which shows the results of the treatment in some cases in which this remedy was tried. In another, all traces of the disease disappeared, and had not returned at the expiration of two years.

Other writers (Report of the superintendent of the Trinidad Leper asylum, 1876; Dr. Duckworth, Med. Times and Gazette, June 27th, 1874; Med. Times and Gazette, Nov. 21st, 1874; cases reported at the Clinical Society by Dr. Powell, 1878) have recorded their experience of this drug in leprosy, which, I feel convinced, is destined to be brought into more general use among lepers.

The cases in which gurjun oil has failed have either been too far advanced or with hereditary taint, or where the disease had been preceded by small-pox, syphilis, or yaws (framboesia); these are much less amenable to treatment.

JOHN D. HILLIS, F.R.C.S.I., M.K.Q.C.P.,
Medical Superintendent of the General Leper Asylum, British Guiana, West Indies.

I may add my testimony to the value of chaulmoogra oil in the treatment of leprosy. I published a case of true leprosy of the anæsthetic variety. This case obtained great benefit from the treatment by the oil. I first gave the patient five-minim doses three times a day in capsules, as he could not retain the oil in any other form. I gradually increased this dose until the patient took fifteen capsules a day. At the same time, he rubbed the pure oil into the affected parts of the skin twice a day. Patient informed me when I last saw him that he was recovering his sensibility in all the patches; that he had no increase of the disease; and that he was recovering the use of the muscles of his hand and forearm, which had been useless, as he told me he was unable to lift a pail of water when he first came under treatment. I am also using the chaulmoogra-oil capsules with marked good effect in non-specific psoriasis.—James Startin, in *British Med. Journal.*

CHAULMOOGRA OIL.—I have been reading the article in the number of the Journal for March 26th on Chaulmoogra Oil. In 1878, I published a pamphlet on the Gynocardia odorata, collecting principally what was known up to that date on the plant as a medical remedy. I became acquainted with it thirty years ago, when living in India; and published, in the Indian Annals of Medical Science for April 1854, a paper by Dr. F. J. Mouat on "The Chaulmoogra." I wish to draw particular attention to this paper, as it contains the report of a remarkable cure of secondary syphilis treated by chaulmoogra in the Bengal Medical College Hospital; and I have reason to think the oil is a most valuable remedy for the complaint above named. Perhaps this was not known to the writer of the article in your Journal, as the disease is not referred to.

Dr. Mouat gave the remedy in the form of a pill from the seed, as it would be obtained fresh in that form in India; but as it has been found that the seed deteriorates after a time, I have only imported the oil expressed from the seeds; and in this form it retains its virtue for years, kept in a cool place.

The paper of Dr. Mouat to which I refer is reprinted in my pamphlet, which can be obtained of Messrs. Corbyn, Stacey, and Co., 300, High Holborn, who are now preparing a new edition of it.—R. C. Lepage, in *British Med. Jour.*

IDENTIFICATION OF TRUE QUEBRACHO BARK.—George Fraude communicates the following method for recognizing true quebracho bark (from Aspidosperma Quebracho): Boil 5 gm. of the finely cut bark with about 25 cc. of coal-tar benzin of very low boiling point, for about five minutes, filter hot, and shake the scarcely colored filtrate with about 10 cc. of dilute sulphuric acid. The aqueous solution, containing sulphate of aspidospermine, after being separated from the benzin, is treated with ammonia in excess, and shaken with 10 cc. of ether. The ethereal solution is evaporated in a test-tube, and the residue boiled with perchloric acid. In case the latter is not at hand, a little water and 3 or 4 drops of sulphuric acid are added to the residue, then a very minute quantity of chlorate of potassium, and the whole boiled. In either case a handsome intense fuchsine-like coloration will ensue, which is characteristic of the alkaloid (aspidospermine) contained in the bark.—Ber. d Deutsch. Chem. Ges.—*New Remedies.*

AMYL NITRITE FOR AGUE.—Dr. Saunders, of Indore, India, reports in the Indian Medical Gazette, a number of cases of ague successfully treated with amyl nitrite. He asserts that in every instance the disease yielded quickly and permanently to the amyl treatment. He mixes the drug with an equal volume of oil of coriander, to make it less volatile and to cover its order, and administers it as follows: Four drops of the mixture, or two of amyl, are poured on a small piece of lint, which is given into the hands of the patient for him to inhale freely; he soon becomes flushed, and both his pulse and respiration are much accelerated, and, when he feels warm all over, the inhalation is discontinued, as the symptoms continue to increase for some time afterward; a profuse perspiration now sets in, which speedily ends the attack, though in some cases the cold stage merely passes off without any hot or sweating stage.—*Scientific American.*

HOMATROPINE HYDROBROMATE AS A MYDRIATIC.—Dr. Risley observes that some time since he published an account of the favorable results of his experience with duboisia in the correction of

refraction-error. He then showed its superiority in many respects to atropia. Since then he has had the opportunity of trying homatropine in eighty-seven cases of refraction-error, and is able to speak of its effects as compared with the other two agents. He furnishes a minute account of his trials, and thus concludes:—1. Homatropine hydrobromate, in solutions of two, four, or six grains to the ounce, is competent to paralyse the accommodation. 2. In from sixteen to thirty hours this paralysis entirely disappears. 3. Dilatation of the pupil accompanies the paralysis and is more persistent, the probable duration being forty-eight hours. 4. It is no more liable to produce conjunctival irritation than duboisia or atropia. 5. It produces far less constitutional disturbance than either of the other mydriatics.—*Amer. Journ. of Med. Science.*

Rhinacanthin, a New Remedy for Ringworm.—Dr. Liborius having observed in China that the tincture of an unknown fibrous root was used successfully as a remedy for ringworm, obtained some of the plant, which turned out to be the rhinacanthus communis, the plant of which the leaves, bruised and mixed with lime-juice, are used in India as an application for the same complaint. According to the Pharm. Zeit. f. Russland and the Pharmaceutical Journal, Dr. Liborius has since obtained from the root a quinine-like body, supposed to be the active constituent. It resembles chrysophanic acid in being antiseptic and anti-parasitic. He proposes to call it rhinacanthin, and represents it by the formula $C_{14}H_{18}O_4$. It occurs only in intercellular spaces within the bark, which contain an intensely red substance, supposed to be a compound of rhinacanthin with an alkali. It forms with bases beautiful red compounds, easily decomposed by certain neutral solvents, such as petroleum spirit, which dissolve the rhinacanthin and assume a yellow color.—*Med. and Surg. Reporter.*

Hoang-Nan.—(Lyon Medical) M. Romanet du Caillot informed the Geographical Society, at its session of June 3, 1881, that the Abbé Lesserteur had written a brochure on Hoang-Nan, a Tonquinese remedy for hydrophobia, leprosy, etc. This remedy, which M. Pierre, of Saïgon, has classed as a strychnos, may be found to be of the greatest utilily by explorers in hot climates. M. Lesserteur cites a case of cure of the bite of the black viper, at Tong-King, and two cures of the bite of the cobra di capello, in India. When the cobra has bitten well, it is a matter of a half hour at most. M. Eérou, a missionary in India, relates one of these cases in a letter: "A young boy of 16 or 18 years was bitten in the heel; his leg swelled up to the thigh; in less than ten minutes his sight was lost. The first three pills brought back his vision and caused the swelling to go down as far as the knee; two others brought it down to the sole of the foot. After half an hour nothing remained but the pain caused by the lesion of the Achilles tendon, and this disappeared with the cicatrization of the wound.—*St. Louis Clinical Record.*

Dioscorea Villosa.—A correspondent in Iowa speaks highly of the fluid extract of this indigenous plant in bilious colic, and he relates a very severe case in which a teaspoonful dose gave immediate relief. The wild yam has long had a reputation as a "colic root." It is mentioned in the appendix of the United States Dispensatory, but as Prof Stillé remarks, in the last edition of the National Dispensatory, "Time has not added to our knowledge of its properties." He thinks its active principle is allied to ipecac.—*Med and Surg. Reporter.*

Psylium Seed in Constipation.—We read in the Paris Mèdicale that Mr. Noel Gueneau de Mussy proposes using Psylium or Sarragota seed, besides white mustard seed, the use of which is excellent, or flax seed in the natural state.

Psylium is a species of plantain, commonly called Fleawort, because of the appearance of its seeds, which are quite small and very mucilaginous. A teaspoonful in half a glass of water is taken before dinner. He says that with a number of persons this method has proven as successful as with the Spanish lady from whom he obtained it. In other cases, however, he was obliged to alternate with more powerful laxatives, such as aloes or rhubarb, so as to keep up the effects. It is probable that psylium seed, like others of its kind, is not persistent in its effects, although in a number of cases it seems to have been so.—*Med. and Surg. Reporter.*

Grindelia Robusta.—This medicine is being revived again as a remedy for asthma. Where the fluid extract is pure, it certainly often is of great service in this wretched malady. It should be given in dram or half dram doses hourly or half hourly during the paroxysms, and less frequently after relief is obtained; but should be continued some days. The fluid extract is also often of service in the poison-oak eruption applied externally.—*American Practitioner.*

Pilocarpine in Eclampsia.—M. Sanger publishes three cases of eclampsia treated by subcutaneous injection of pilocarpine in two centigramme doses. The crisis seemed to yield, but the patient experienced suffocative symptoms from inability to swallow the saliva. Two died. Pilocarpine is a very dangerous remedy in these cases, as the coma stops the reflex actions necessary for the swallowing of the saliva.—*La Presse Medicale Belge.*

Quebracho.—The results of recent experience with this drug in Bellevue Hospital have been confirmatory of its value in dyspnœa in all it forms. The fluid extract, in doses of from twenty to sixty drops, every hour or two as called for by the symptoms, has been found useful in our hands also, without regard to the exciting cause of the dyspnœa.—*Independent Practitioner.*

Reports of Societies.

Michigan State Board of Health.

THE regular meeting of this Board was held at Lansing, July 12, all the members being present, as follows: Hon. Le Roy Parker, of Flint; Rev. D. C. Jacokes, of Pontiac; Henry F. Lyster, M. D., of Detroit; J. H. Kellogg, M. D., of Battle Creek; Arthur Hazlewood, M. D., of Grand Rapids; Jno. Avery, M. D., of Greenville; and Henry B. Baker, M. D., Secretary.

Hon. Le Roy Parker was elected president of the Board for the ensuing two years.

SMALL-POX.

Dr. Jacokes spoke of an immigrant tramp-burglar who came down with the small-pox while confined in the jail at Pontiac. He and another prisoner in the jail were removed to the temporary hospital. The prisoner stole the clothes of the immigrant, and leaving his own, ran away. Some one then stole the prisoner's cast-off clothes and bedding after supposed disinfection, and by this means small-pox was communicated to more than 16 persons. He also reported that a second immigrant brought small-pox near Pontiac, but the disease was restricted.

Dr. Kellogg reported that an immigrant sick with small-pox had recently been put off a M. C. R. R. train at Battle Creek. He remained about the depot all day before it was discovered that he had small-pox. He was then removed to a tent-hospital.

Dr. Avery reported an out-break of small-pox apparently brought by an immigrant Dane who was vaccinated and not sick himself, to a camp in Montcalm County. The immigrant slept with and gave the disease to a countryman who was vaccinated before his arrival in this country six years ago. The disease was light, the man not being confined to his bed at all, and finally he went to a family of five unvaccinated persons, all of whom had the disease lightly. There were other cases in the neighborhood coming from the same source. The immigrant probably brought the contagium in his clothing from some infected city or immigrant on the journey, as he said there was no small-pox on board the ship on which he came, though there were cases of diphtheria on board.

A communication was received from the American public health association asking the influence of this board to secure legislation making it a criminal offense for any person to communicate any communicable disease, such as small-pox, scarlet fever, or venereal diseases, and giving to boards of health and health officials the same power in the prevention and suppression of other diseases as they now possess in cases of small-pox.

The secretary presented a resolution of the American public health association, asking the Michigan board to use its influence to secure general vaccination.

THE CHICAGO SANITARY CONFERENCE.

By direction of the board, the secretary had attended the conference of delegates from local and state boards of health, held at Chicago, June 29, for the purpose of devising means for preventing the introduction of small-pox and other diseases by immigrants. As secretary of the conference, he had prepared an official report and sent it to the national board of health for publication in its bulletin.

The action of the sanitary conference, to prevent the spread of small-pox, was indorsed, and

RESOLUTIONS WERE ADOPTED,

requesting the national board of health to secure, if possible, the vaccination of immigrants before they land in this country; asking the attention of every local board of health in Michigan to the details of the plan adopted at the late Chicago conference; calling upon them to secure a careful inspection of all immigrants entering and remaining within their jurisdiction, and a prompt vaccination or revaccination with pure and fresh bovine virus of all persons not protected against small-pox; calling attention to the need of establishing a quarantine at Port Huron; also, asking the national board of health to aid in preventing the introduction of small-pox and other communicable diseases by immigrants landing at eastern ports.

Dr. Baker read resolutions of the Tennessee state board of health, indorsing the action of the Memphis board of health commending the inspection service of the national board of health as being very much more effective than local quarantines, with less detention and annoyance to commerce.

VACCINATION FOR VARIOUS DISEASES.

Dr. Lyster, committee on epidemics and other diseases, read a translation of two important papers recently published in France, on the causation of certain communicable diseases, which gave details of successful methods of making viruses which can be used in vaccination, and are effective in preventing deaths from these diseases. He received the thanks, of the board, and was requested to embody his remarks and so much of the translation as was essential, in a paper for publication.

Dr. Baker had paid some attention to the same subject in connection with diseases of animals, affecting the public health. He mentioned a paper by Prof. Law, of Cornell university, suggesting that these protective viruses all seemed to be made in accordance with a general law, namely, by their cultivation in fluids with access of free oxygen, and this gives us great hope of soon being able to make protective vaccination for many of the most dangerous diseases in animals and mankind.

Dr. Baker reported the investigation of an outbreak of a new disease in England, traced to the eating of American hams. The cause of the disease proved to be a virus which was used to inoculate animals of various kinds and reproduced the same disease in them. From the accounts it seems probable that it is no more nor less than our hog cholera. The symptoms closely resemble in some respects the disease known last winter in this country as "winter cholera."

SANITARY ASSOCIATIONS.

Dr. Jacokes referred to the Pontiac Sanitary Association and the work it was doing for public health in that city.

Dr. Kellogg reported the formation of a Sanitary Association at Battle Creek as a fruit of the recent Sanitary Convention held there by this Board. Among the subjects brought before the Association was that of impure water. He had examined a sample of water used at an eating-house, among the boarders at which there were seven cases of typhoid fever last year. It contained a large amount of organic matter. Also a sample containing organic matter and a large amount of chloride of sodium, used by a family in which there had been much illness.

The request of the sanitary convention at Battle Creek, that this board issue a circular on criminal abortion, was referred to Dr. Kellogg as special committee.

FUTURE PUBLICATIONS.

Drs. Lyster and Baker reported their revision of the document on the restriction and prevention of diphtheria, and different points were discussed, amended, and the document adopted; 30,000 copies will be printed, and the document stereotyped so that local boards of health may secure any number of copies at cost of paper and press-work.

Dr. Jacokes referred to the great lack of knowledge among those who ought to know, as to what constitutes through disinfection. He proposed to remedy this by the preparation of a circular on disinfection.

Drs. Baker and Kellogg were appointed a special committee to prepare a tract on disinfection, which shall give the best method adapted to each disease and to each article to be disinfected, and which shall call attention to the many useless substances now employed for such purposes.

The document heretofore issued on the treatment of the drowned being out of print, it was referred to a committee for revision, with a view to its republication.

Dr. Baker was instructed to prepare a paper on the best methods of constructing hospitals for communicable diseases, avoiding the use of the name "pest-house."

LEGISLATION UPON HEALTH.

Hon. Le Roy Parker, committee on legislation, made a report relative to public health acts passed by the last legislature, giving the titles of 48 acts bearing directly or indirectly on public health subjects, mentioning the subject of each act. These acts give increased powers to local boards of health, additional appropriations to the state board of health, authorize the board of control of state swamp lands to appropriate lands to drain overflowed lands, etc.

The recommendation by Dr. Foster Pratt, of Kalamazoo, for the amendment of the law relative to reporting dangerous diseases, was referred to the committee on legislation.

Under the new appropriation made by the recent legislature, the board authorized the purchase of additional meteorological instruments for the use of the board's observers in different parts of the state.

WORK IN THE OFFICE.

The secretary read a report of work in the office which included a statement of the number of health officers appointed for the present year beginning April 1, as follows: in townships, 797; villages, 107; cities, 32; total, 936. For the year ending April 1, there was appointed, for townships, 827; villages, 112; cities, 36; total 975, a difference of 39. It is believed that more than 39 will be returned before the close of this year. The 975 health officers appointed for 1880 made annual reports to this Board as follows: of townships, 414; of villages, 55; of cities, 14. Clerks of local boards of health have sent annual reports for 1880, from townships, 501; from villages, 36; from cities, 7. The compilation of these annual reports is now in progress.

During the quarter the correspondence of the office has been materially increased. This was partly caused by the outbreaks of small-pox in the state, and by the prevalence in some places of diphtheria. In one northern township, where the health officer was not a physician, the local officers applied to this office for a physician to be sent to aid in stopping the spread of the dissease; and by direction of the secretary of the state board, Dr. Hawxhurst, ex-health officer of West Bay City, went there at the expense of the township, and has reported that the outbreak has been stopped.

The usual number of complaints have been received of sickness caused by flooding rivers for the purpose of running logs in the northern part of the state. In answering these the secretary has used Mr. Parker's paper on the powers and duties of local boards of health.

EXAMINATION IN SANITARY SCIENCE.

The fee for examination in sanitary science was changed from $10 to $1, the latter sum being deemed sufficient to cover the actual expense. It was voted that applicants unable to be present at this meeting may be examined at the meeting of the board, October 11, 1881. Application to be made to the secretary at Lansing.

GLUCOSE SUGAR AND SYRUPS.

Several samples of sugar and syrup, manufactured at the Michigan grape sugar factory at Detroit, were presented to the board and partially examined.

NOTICES OF CONTAGIOUS DISEASES TO SCHOOLS.

The secretary presented samples of notices of contagious and infectious diseases sent by the health officers of Grand Rapids and Tecumseh to the superintendents of schools, in those cities and suggested that if the health officer of each city would send such notices to superintendents, it would be a very important public health measure.

PREVENTION OF BOILER EXPLOSIONS.

An account of an experimental boiler explosion, by D. T. Lawson, was presented. His view is that they can be prevented by such a construction of the boiler as will stop the too rapid increase of steam under suddenly reduced pressure, as at starting the engine or by the sudden introduction of cold water. Results thus far seem to demonstrate the correctness of his theory.

The secretary was directed to present hereafter at each meeting of the board a resumé of the action of other state boards of health.

After auditing bills and accounts, etc., the board adjourned to meet October 11, 1881.

Business Notice.

AMERICAN PHARMACISTS AND NEW REMEDIES ABROAD.

WE extract the following from the Chemists' Journal's report of the International Medical and Sanitary Exhibition at South Kensington, England. It illustrates very forcibly the opinion in which both American skill and enterprise, and the newer additions to the materia medica, (evidences of this skill and enterprise,) are held by the English profession. The notice given Messrs. Parke, Davis & Co., is one on which they are certainly to be complimented:

Messrs. Burgoyne, Burbidges, Cyriax and Farries, wholesale druggists, London, make a splendid display. To the pharmacist with a chemical bent, their collection of rare alkaloids and vegetable principles will be a treat. We have such varieties as heliotropine, crategin, euonymin, gelsemin, hydrastin, leptandrin, and a number of others, also some beautiful specimens of salicylic acid, and the salicylates. Their vanilla sugar for flavoring jellies and confectionery we have already had occasion to notice favorably. They also show a number of very elegant preparations sent to them by Messrs. Parke, Davis & Co., of Detroit, Michigan, U. S. A., for whom Messrs. Burgoyne & Co. are the sole English agents. One of the principal novelties exhibited is their sanguis bovinus exsiccatus, which is having a large sale in America. This preparation is bullock's blood, simply deprived of its water and fibrin, the latter being present in but small quantities, and is practically of but little nutritive value, while the albumen, which is the true nutritive portion of the blood, is preserved in its entirety. Dr. A. H. Smith, of St. Luke's Hospital, New York, was the first to discover the valuable properties of defibrinated blood, administered *per rectum*, and applied in a number of cases in which nutrient enemata had not heretofore been applied. It was afterwards found to be wonderfully efficacious when administered *per orem* in slow convalescence from fever, in wasting diseases in various forms, in fact in all cases where impaired blood nerves or digestion give rise to the anæmic condition. The blood is defibrinated by whipping, and dried at the Central Abattoirs of Jersey City, New Jersey, under the direction of the chemist attached to the establishment, Dr. Craven, who has made the utilisation of animal products his speciality. Messrs. Parke, Davis & Co. claim for their defibrinated dried blood a power of nutrition equal to that yielded by the same weight of the beef from which it was taken, and that it is much more efficacious and more easily digested than when taken direct from the freshly slaughtered animal.

Another new remedy deserving attention is the Chinese hoang-nan (Strychnos Gautheriana) or tropical bindweed. The reports of the tests of this drug already received show that it is possessed of powerful alterative properties. Hitherto it has only been known in Annam and Cochin China, as a remedy for snake bite and leprosy, but owing to its powerful therapeutical properties it was made known by certain Catholic missionaries. From the experiments which have lately been made hoang-nan is specially valuable in cases of indolent ulcers and scrofulous sores, changing the diseased action and promoting cicatrisation. The results of other trials made in other directions point to it as being a possible remedy in rabies. Its true physiological action has not yet been made out, but there is no doubt that it is a decided spinant with peculiar alterative powers.

Another new drug shown, we believe for the first time in this country, is cascara amarga, or Honduras bark, a Mexican tree belonging to the picramniæ, which from the medical tests to which it has been submitted appears to be a powerful alterative and antisyphilitic. Dr. Froehling, of Baltimore, has also found it useful in chronic nasal catarrh, half a drachm of the fluid extract being administered three times a day. Its near relation, cascara sagrada, is also shown in the form of a cordial which stands high as a remedy in chronic constipation.

Messrs. Parke, Davis & Co.'s liquor ergotæ purificatus is of constant strength as only the active principles of the drug are retained, the resulting liquor being assayed and strengthened or weakened accordingly. Dr. Lessing, of Philadelphia, has found hypodermic injections of the liquor most serviceable in cases of hemorrhage incident to parturition.

It would be impossible to go through the whole of the new remedies shown by Messrs. Burgoyne & Co., on behalf of Messrs. Parke, Davis & Co.; we must therefore refer our readers for further information to the Exhibition itself.

Messrs. Parke, Davis & Co.'s sugar coated pills are very elegant preparations. They are uniform in composition, easily soluble, smooth and of permanent and immaculate whiteness. About 350 different varieties are made, no less than 27 being different forms of phosphorus pills, all prepared either from officinal formulæ or from the prescriptions of well-known physicians. The pills are coated while the mass is soft and the sugar envelope being impervious to moisture and air, they remain soft and soluble for an indefinite period.

The elastic capsules shown by this firm are elegance itself, compared with the old, hard, brittle, clumsy contrivance with which we are all familiar, being made in a machine specially imported from Germany. The gelatin used is of the finest quality being transparent and nearly colorless, so that the contents of the capsule may be seen through its walls. They may be easily moulded between the finger and thumb, and when placed upon the tongue the gelatinous envelope softens without breaking up and it slips down the throat inperceptibly. Once in the stomach the envelope dissolves in two or three minutes. They may be easily tested by retaining a filled capsule in the mouth for two or three minutes when the envelope will be found to have disappeared. Hitherto the filled capsules of nauseous medicines have contained not more than 10 grains of the medicament, but owing to the elasticity of the material used by Messrs. Parke, Davis & Co., they may be made to contain as much as half an ounce. The larger capsules are intended for the administration of castor and cod-liver oils and owing to their elasticity, and the ease with which they are lubricated, so to speak, with the saliva, they may be as easily swallowed as an oyster.